

COMPLAINT FORM

**Wells County Health Department
223 W. Washington Street
Bluffton, IN 46714
Telephone: 219-824-6489
Fax: 219-824-8803**

Owner of property (complaint)

Address and location of
complaint

Nature of
complaint

Name and address of
complainant

I affirm the information listed on this form is true to the best of my knowledge. I am aware the investigation of this complaint may include the dye testing of my property.

Signature _____ Date _____

For office use only

Received by _____ Date _____
Initial investigation observations _____
_____ By _____