Case # _____

FORMAL COMPLAINT FORM

Randolph County Health Department
325 S. Oak St., Suite 202
Winchester, IN 47394

Name and Address of person filing complaint:

Name: Phone:

Address:

City: State: Zip:

Location of Problem:

Driving Directions to Location:

Name of Responsible Party: Phone:

Address:

City: State: Zip:

Nature of Complaint:

How does the Complaint affect me?