

## WRITTEN COMPLAINT FORM INSTRUCTIONS

1. WHEN FILING A COMPLAINT AGAINST SOMEONE PLEASE MAKE SURE THAT YOU HAVE TAKEN ALL STEPS POSSIBLE TO RECTIFY THE MATTER. SOMETIMES JUST EXPRESSING YOUR CONCERNS IS ENOUGH TO GET CHANGES MADE.
2. FILL OUT FORM TO THE BEST OF YOUR ABILITY WITH FULL NAME/NAMES OF PROPERTY OWNER AND COMPLETE ADDRESS OF PROPERTY.
3. IF THERE ISN'T A VIEWABLE ADDRESS ON THE BUILDING PLEASE PROVIDE DIRECTIONS TO THE SITE.
4. PLEASE GIVE A DETAILED EXPLANATION OF COMPLAINT WITH DATES IF POSSIBLE. IF YOU HAVE OTHERS THAT WANT TO FILE WITH YOU THERE IS A SIGNATURE PAGE FOR YOU TO USE.
5. MAKE SURE YOUR FULL NAME, ADDRESS AND PHONE NUMBER ARE ALSO ON THE FORM.
6. PLEASE BE AWARE THAT YOU MAY BE ASKED TO TESTIFY IN COURT IF NEEDED.

SALLY SLAVENS  
HEALTH INSPECTOR/BUILDING COMMISSIONER

BENTON COUNTY BUILDING COMMISSIONER  
BENTON COUNTY HEALTH INSPECTOR  
706 EAST 5<sup>TH</sup> STREET, SUITE 12  
FOWLER, INDIANA 47944  
765-884-1728  
Fax 765-884-2072

COMPLAINT FORM

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON MAKING COMPLAINT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

DATE \_\_\_\_\_ DIRECTIONS TO SITE \_\_\_\_\_

NATURE OF COMPLAINT \_\_\_\_\_

\_\_\_\_\_

\*SIGNATURE(S) OF PERSON(S) MAKING COMPLAINT \_\_\_\_\_

**\*Person signing complaint will be expected to testify at any administrative hearing.**  
INVESTIGATION

DATE \_\_\_\_\_ FINDINGS \_\_\_\_\_

*See attached sheet for additional findings*

WAS WRITTEN NOTICE GIVEN? \_\_\_\_\_ COMMENTS \_\_\_\_\_

WAS CONDITION CORRECTED? \_\_\_\_\_ IF NO, GIVE REASONS \_\_\_\_\_

\_\_\_\_\_

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SALLY SLAVENS, HEALTH INSPECTOR/  
BUILDING COMMISSIONER

SIGNATURES CONTINUED

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FINDINGS CONTINUED

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ADDITIONAL COMMENTS

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