

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 \_\_\_\_\_

\_\_\_\_\_  
KATHY SARAULT, HEALTH INSPECTOR  
CARL M. HULL, BUILDING COMMISSIONER

SIGNATURES CONTINUED

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FINDINGS CONTINUED

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ADDITIONAL COMMENTS

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