



**WARREN COUNTY**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

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**FORMAL COMPLAINT FORM**

TO BE COMPLETED BY INDIVIDUAL FILING COMPLAINT (COMPLAINANT)

Address being reported: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complainant Address: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION OF COMPLAINT**

*I state that I have read the foregoing complaint form and personally know that the contents and statements made therein are true and correct.*

\_\_\_\_\_  
Complainant Date