



IONIA COUNTY HEALTH DEPARTMENT
175 E Adams Street Ionia, MI 48846
616-527-5341/ Fax 616-527-8202

Location of Complaint _____ Date _____

Occupant _____

Owners Name & Address _____

Details of Complaint _____

NOTE: The Identity of the individual filing this complaint will not be revealed during the investigation. Once the complaint is officially closed, the complainant's identity may be revealed according to the Freedom of Information Act's criteria.

Complaint Made By _____

Address _____ Phone # _____

FOR OFFICE USE ONLY		
Complaint # _____	Type of Complaint _____	Township _____
Assigned to _____	Date _____	