IONIA COUNTY HEALTH DEPARTMENT

175 East Adams Street Ionia, Michigan 48846
616-527-5341/ Fax 616-527-8202

Owner's Name _____ Date _____

Address _____

Location of Complaint _____

Occupant _____

Nature of Complaint _____

_____

_____

_____

_____

_____

_____

_____

_____

NOTE: The identity of the individual making the 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 Number

FOR OFFICE USE ONLY

Complaint #_____ Type of Complaint _____ Township _____

Assigned to _____
Name Date

Rev 10/08