

**Appanoose
Davis
Lucas
Monroe Counties Environmental Public Health**

P.O. Box 399, Moravia, Iowa 52571
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Dianna Daly-Husted
Director
Environmental Public Health

COMPLAINT

Nature of unhealthful condition to which the attention of the Board of Health is requested:

Who _____

Address _____

What _____

I have personal knowledge of the condition of which complaint is made and will cooperate with the ADLM Board of Health to the extent of giving evidence, if requested, to remedy the unhealthful condition. The above statements are true to the best of my information and belief.

Name (print) _____

* *Signature* _____

Address _____ **Date** _____

_____ **Phone** _____

Office Use

Investigation revealed: _____

Action Taken: _____

Investigated by: _____