



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 (see below).

Complaint Made By _____

Address _____ Phone # _____

Do you wish to be treated as a confidential informant? Yes No

FOR OFFICE USE ONLY

Complaint # _____ Type of Complaint _____ Township _____

Assigned to _____ Date _____