



AUGLAIZE COUNTY HEALTH DEPARTMENT

prevent. promote. protect.

Complaint Report

Your Name:	Your Phone:	Date:
Your Address:		
Address of Complaint:		
Owner of Property:	Property Owner Phone:	Date:
Property Owner Address:		
Nature of Complaint:		
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For Office Use Only—Do not write below this line		
Inspector:	Date:	
Conditions Found (If different than above):		
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Actions Taken:		
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