



# MARION COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

CORY FRANK, DIRECTOR  
Phone: 641-828-2246  
Fax: 641-828-2042

MARION COUNTY COURTHOUSE  
214 E. MAIN, SUITE #2  
KNOXVILLE, IA 50138

## FORMAL COMPLAINT FORM

Address being reported: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complainant Address: \_\_\_\_\_

**The information I provided may be considered public record.**  **Yes**  **No**  
*By checking yes, I am aware that the information provided on this form may be viewed by anyone upon request.*

### VERIFICATION OF COMPLAINT

*I state that I have read the foregoing complaint form and personally know that the contents and statements made therein are true and correct.*

\_\_\_\_\_  
Complainant Signature Date

#### For Office Use Only

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint Confirmed (*additional action to be taken*)

Complaint Unfounded