



SIoux COUNTY BOARD OF HEALTH

211 Central Avenue S.E.

Orange City, Iowa 51041

712-737-2971

Sioux County
Board of Health
members:
Barbara Top
Chairperson
Calvin Helmus
Vice Chairman
Shari Fedders
Mary Jensen
Dr. Lee Kamstra

1. Nature of the un-healthy condition to which the attention of the Board of Health is requested:

2. Location of premises on which the condition exists:

3. Name and address of the owner(s) of the premises on which the condition exists:

4. Name and address of the person(s) in control of possession of the premises:

5. Period of time that the condition was seen by or affected the complainant:

6. Name and address of person(s) believed responsible for the un-healthy condition:

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

Dated this _____ day of _____, 20_____

Signed_____

Address_____

Telephone_____

Sioux County Board of Health
Investigation of Complaint

Complaint received by: _____ Date _____

Complaint referred to: _____ Date _____

Complaint investigated by: _____ Date _____

Results of investigation:

Response to complainant by: _____ Date _____

Signature _____ Title _____ Date _____

Disposition of Complaint

Board of Health recommendations/actions:

Signature _____ Title _____ Date _____