



IOWA COUNTY ENVIRONMENTAL HEALTH

SHERRY LUTZ, DIRECTOR

970 COURT AVE
MARENGO, IA 52301
PH. 319-642-0107

FORMAL COMPLAINT FORM

Address Being Reported: _____

Name of Reported Parcel Owner: _____

Nature of the Complaint: _____

Complainant Name: (PLEASE PRINT) _____

Phone Number: _____

The information I provide WILL be considered public record. Under Iowa Law all complaints that are received by the County, are subject to requests under the Freedom of Information Act. As such this complaint and any follow up reports generated by this report and may be disseminated to third parties.

Verification of Complaint

Complainant Signature

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Action Taken:

Complaint Confirmed (Action to be Taken) Complaint Unfounded Date Closed: _____