

**BENTON COUNTY DEPARTMENT OF HEALTH AND LAND USE**

**COMPLAINT FORM**

Address of Property

Being Reported: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Nature of the Complaint:

Complainant

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

I understand that the provided information will be used by the Benton County Department of Environmental Health and Land Use to investigate this complaint. It is also understood that I may receive a subpoena from the Benton County Attorney's Office seeking my testimony in a court proceeding regarding this complaint.

Complainant

Signature: \_\_\_\_\_