

**HAMMOND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
CITY OF HAMMOND, INDIANA
COMPLAINT FORM**

Date of Complaint _____ **Time** _____

Telephone _____

Name of Complainant _____

Address _____

City & State _____ **Zip Code** _____

NATURE & DESCRIPTION OF COMPLAINT – PLEASE CHECK

_____ Open Burning	_____ Smoke	_____ Particulate Matter
_____ Odors	_____ Fumes	_____ Loud Music
_____ Barking Dogs	_____ Other	

NAME & LOCATION OF VIOLATION

Name _____

Address _____

City & State _____ **Zip Code** _____

Premises Used For: **Industry** _____ **Business** _____ **Personal** _____

Please submit to our office by mail, fax, or e-mail

**Hammond Department of Environmental Management
5925 Calumet Avenue
Room 304
Hammond, Indiana 46320
219-853-6306
219-853-6343 – Fax
Environmental@gohammond.com**