



**Public Health**  
Prevent. Promote. Protect.

# Brown County Health Department

*Complaint Concerning  
Brown County Health Department*

P.O. Box 281  
Nashville, IN 47448  
812/988-2255 - 812/988-5601 FAX  
[browncountyhealth@localhealth.in.gov](mailto:browncountyhealth@localhealth.in.gov)  
Norman Oestrike, M.D., Health Officer

The Brown County Health Department, Health Officer and Board of Health take complaints of discrimination, harassment and unethical or unfair conduct as serious matters.

So that we may properly investigate your concern, you are requested to fill out this form as completely as possible. Use additional sheets of paper if needed. After a prompt and thorough investigation into your complaint, you will be notified of our findings. Please be advised that we cannot respond to hearsay and undocumented complaints. Should you have any questions about the process, please write them down at the end of this form and we'll do our best to answer them.

Today's Date: \_\_\_\_\_

Your contact information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Date(s) the alleged incident(s) took place: \_\_\_\_\_

Location of alleged incident(s): \_\_\_\_\_

Describe in as much detail as possible the nature of your complaint.

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

*(Use additional sheets of paper if needed)*

Provide or identify all known persons, documents and witnesses to your concerns: \_\_\_\_\_

\_\_\_\_\_

*(Use additional sheets of paper if needed)*

List any questions you have about the complaint process: \_\_\_\_\_

\_\_\_\_\_

*(Use additional sheets of paper if needed)*

I declare that the facts set forth in this complaint are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Legal Disclaimer: The complaint process is intended for informational purposes only, and does not constitute legal information or advice. If you are seeking legal advice, you are encouraged to consult an attorney.

After you have completed this form, mail it to Dr. Norman Oestrike, PO Box 281, Nashville, IN 47448, fax it to 812-988-5601 or email it to [browncountyhealth@localhealth.in.gov](mailto:browncountyhealth@localhealth.in.gov).