

**COMPLAINT/REFERRAL FORM**

Kansas Department of Health and Environment - Division of Environment

<b>Do you want to remain anonymous? Yes No</b>	
<b>Your information</b>	Name: _____
	Address: _____
	City: _____
	Telephone: <i>Day:</i> _____ <i>Evening:</i> _____

<b>Complaint information</b>	First & Last Name: _____
	Company Name: _____
<b>Complaint information</b>	Address: _____
	City: _____ Zip: _____ County: _____
	Legal: _____ 1/4 _____ 1/4 _____ 1/4 Sec. _____ Twp. _____ Range _____
	Other Directions: _____
	Describe the complaint, concern or issue: _____

Mail to: Bureau of Waste Management  
ATTN: Brian Burbeck  
1000 SW Jackson, Suite 320  
Topeka, KS 66612-1366  
785-296-1613

Or

Email to: [rwenner@kdheks.gov](mailto:rwenner@kdheks.gov)