

COMPLAINT/REFERRAL FORM

Kansas Department of Health and Environment - Division of Environment

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

Complaint information	First & Last Name: _____
	Company Name: _____
	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