



Taken by: _____

Health Department Complaint Reporting Form

Food Establishment Name: _____ Date Reported: _____

Food Establishment Address: _____ Date Occurred: _____

Food Establishment Telephone Number: _____

Nature of Complaint:

- Became sick after eating at the food establishment
- Unsanitary food establishment (dirty, food on floor, etc.)
- Unsanitary health practices by employees (not wearing gloves, etc.)
- Insect(s) in food (ants, flies, roaches, etc.)
- Other: (Please specify) _____

Comments:

Person Filing Complaint: _____

Address: _____ Telephone # _____

Health Inspector's Name: _____ Date Responded: _____

Action Taken:

- Establishment Inspected & Inspection Report Filed (Copy of report attached)
- Establishment Inspected & Notice of Violation Issued (Copy of notice attached)
- Establishment Inspected & Reported Violation Not Witnessed at Time of Inspection
- Establishment Inspected, Informed of Reported Complaint & Informed of Correct Procedure
- No Action Necessary (Explain): _____

Signature: _____ Date: _____