



Food Est. & Health Complaint

Complainant: _____ Date: _____

Contact Phone number: _____

Name of Business: _____

Address: _____

Date of Incident: _____

Description of Complaint: _____

Last 24 hour meals/foods including beverages: _____

Symptoms and time of onset: _____

Doctor's visit and tests run: _____

Number in party: _____ Other complainants: _____

Follow-up Inspection

Performed by: _____ Date: _____

Determination: _____
