

Environmental Health Department

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FOOD COMPLAINT FORM

Date:		
Complainant Name:	Email:	
Phone Number:		
Name Of Establishment:		
Date Visited:		
What was consumed:		
Symptoms:		
Date Onset:	Doctor:	
	FOR OFFICE USE ONLY:	
Date Investigated:		
Food Temps:		
Warnings or Notices Issues:		
Food Handler Certified:		