

PARKE COUNTY HEALTH DEPARTMENT

116 W. High Street, Room 12
Rockville, Indiana 47872
Phone: 765-569-4071 Fax: 765-569-4061
sanitarian@parkecounty.in.gov

FOOD COMPLAINT FORM

Date _____

Your Name _____ Address _____

City, State, Zip Code _____ Phone _____

Please check the nature of the complaint.

Bacterial Suspected Tampering Establishment
 Chemical Food borne illness Foreign Material
 Mislabeling Other _____

Establishment Name _____

Establishment Address _____

Food Involved _____

Date of Visit _____ Time of Visit _____

Complaint: _____

