



Public Health
Prevent. Promote. Protect.

Clinton County Health Department

1234 Rossville Ave., Ste. B, Frankfort, IN 46041

Phone: 765-659-6385 Fax: 765-659-6387



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Retail Food Establishment Complaint Form

Received by (Office Personnel) _____ Case # _____

Complainant Name: _____ Date: _____

Address: _____

Complainant Phone Number: _____

Type of Complaint (Check each category as applicable)

Food Establishment

- Cleanliness/Sanitation
- Poor employee practices
- Improperly cooked or handled food
- Food that tastes bad/foreign material in food

Food Product

- Foreign material in product
- Chemical taste/smell
- Tampering

Food Establishment Complaint

Name of establishment: _____

Location of establishment: _____

Date and time of visit: _____

Nature of complaint, any other pertinent details:

Food Product Complaint

Brand name of item: _____

Where and when purchased: _____

Product code and/or expiration date (this is NOT the UPC code): _____

Nature of complaint:

Over →



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Foodborne Illness Complaint

Symptoms? YES / NO

If yes, please describe:

Date/Time of meal(s): _____

Date/Time of symptom(s): _____

How long were you sick?: _____

Have you seen your physician? YES / NO Name: _____

Did you submit a stool sample to your physician? YES / NO

Did you save a sample of the food to submit for testing? YES / NO