



**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:

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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