



Decatur County Health Department
315 S. Ireland St.
Greensburg IN, 47240

<https://www.in.gov/localhealth/decaturcounty/>

FOOD ESTABLISHMENT COMPLAINT FORM

Person Filing Complaint: _____

Date: _____

Address: _____ City: _____ Zip: _____

Phone Number: (____) _____

E-mail Address: _____

OWNER OF LOCATION OF COMPLAINT:

Name: _____

Address: _____ City: _____ State: _____

Phone Number: (____) _____

Directions if no address is known:

DETAILED DESCRIPTION OF COMPLAINT:

I HEARBY SWEAR AND AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.