

Grant Co. Health Department

401 South Adams Street
Marion, IN 46953

Phone 765-651-2401 ext. 3111, or 3123
Fax 765-651-2419

RETAIL FOOD OUTLET CONSUMER COMPLAINT FORM

Date _____

Name of Establishment: _____

Address of Establishment: _____

Summary of Complaint: _____

Name of Complaint:: _____

Address: _____

Phone Number: _____

I believe the above mentioned situation to be a public health problem and the information provided is factual to the best of my knowledge. I further understand that should legal action become necessary, I may be called upon for testimony.

Signature: _____

*****Do Not Write Below This Area*****

Date Received _____

Referral Made? () Yes () No To Whom _____

Health Hazard Found _____

Complaint Investigated By: _____

Environmental Health Specialist's Recommendations: _____

Conclusion of The Health Officer: _____

Complaint Closed () Yes () No Date _____

Health Officer
Date: _____

Environmental Health Specialist
Grant County Health Department