

**PARKE COUNTY HEALTH DEPARTMENT**

116 W. High Street, Room 12  
Rockville, Indiana 47872  
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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_