



JEFFERSON COUNTY General Health District

— Prevent. Promote. Protect. —

Food Service Operation & Retail Food Establishment Complaint Form

Date of Complaint: _____ Name of Complainant: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street Address: _____ Email: _____

Village/Township/City: _____ Zip Code: _____

Name of FSO/RFE: _____ Phone: _____

Street Address: _____

Village/ Township/ City: _____ Zip Code: _____

Date of Incident: _____

Did Illness Result? Yes → number of people ill: _____

No

Nature of Complaint: **If you wish to remain anonymous please mark this box**

Department Actions: Investigating Sanitarian _____

FSO/RFE Inspection (State Date & Attach Appropriate Documentation) _____

FSO/RFE Inspection Declined (State Reason)

Transferred to Director of Nursing or Epidemiologist (Date & Time) _____

