

**Bell County Public Health District  
Food Protection Division  
Complaint Form**

**Date/Time**

Date Complaint Taken \_\_\_\_\_  
 Time Complaint Taken \_\_\_\_\_  
 By \_\_\_\_\_

**Establishment Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_

**Complainant**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Contact  yes  no  
 City \_\_\_\_\_ Called \_\_\_\_\_

**Subject of Complaint**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Foodborne Illness Information**

**Symptoms**

- Chills
- Cramps
- Diarrhea
- Fever
- Headaches
- Muscle Aches
- Vomiting
- Other



Start Time: \_\_\_\_\_  
 Stop Time: \_\_\_\_\_

Contacted Doctor \_\_\_\_\_

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Tests \_\_\_\_\_  
 Results \_\_\_\_\_

Other Meals \_\_\_\_\_

**Additional Notes or Comments**

**Investigation Information**

Date Investigated \_\_\_\_\_



By \_\_\_\_\_