

**BELL COUNTY PUBLIC HEALTH DISTRICT**

*RETAIL FOOD*  
**Complaint Form**  
**INSECT & WATER**

**DATE**

Date Complaint Taken \_\_\_\_\_

Name \_\_\_\_\_

Taken By \_\_\_\_\_

Date Inspected \_\_\_\_\_

**Please check one:**     **Septic**     **Trash**     **Pool**     **Mosquitoes**     **Other**

**COMPLAINANT**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact Complainant \_\_\_\_\_

**COMPLAINT AGAINST**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

**NATURE OF COMPLAINT**

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**ACTION TAKEN**

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***FOR SECRETARIAL USE ONLY***

Complete Date \_\_\_\_\_ Follow-Up Date \_\_\_\_\_ Inspector \_\_\_\_\_