

Meigs County Health Department
 112 E. Memorial Drive Suite A
 Pomeroy, Ohio 45769



Phone: (740) 992-6626
 Fax: (740) 992-0836
 www.meigs-health.com

Food Safety Program

Complaint Form

Date of Complaint	Time of Complaint am/pm	Complaint filed by: <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> In Person	Received by:
Name of Food Operation		Address of Operation (street and city required)	
When did situation occur? Date:		Time: am/pm	Was there a resulting illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Complaint: (Be sure to include all foods eaten, including beverages. Use back of form if necessary.) <hr/> <hr/> <hr/> <hr/>			
Did you discuss situation with the operator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was their reaction? _____ <hr/>			
If complaining of illness, what were the symptoms? (Check all that apply) <input type="checkbox"/> Cramps <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Headache <input type="checkbox"/> Chills <input type="checkbox"/> Fever <input type="checkbox"/> Body Aches <input type="checkbox"/> Other _____ When did symptoms begin? Date _____ Time _____ am/pm Was a physician consulted? <input type="checkbox"/> Yes <input type="checkbox"/> No Did anyone else become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, How many _____			

Complainants have the option to remain anonymous, however by doing so you will limit the ability of the investigating Sanitarian to follow up with you concerning the investigation, or to notify you of the results at the conclusion of the investigation. This report is public record, accessible at the Meigs County Health Department.

(Only complete this section if you do not want to remain anonymous)

Name of Complainant _____ Phone _____

Address _____ City _____ State _____ Zip _____

Signature of Complainant _____

FOR OFFICE USE ONLY:

Investigating Sanitarian _____ Date of investigation _____ Time _____ Am/Pm

Valid Complaint? Yes No Samples Taken? Yes No Referred to another agency? Yes, _____ No

Result/Action Taken _____
