

**Pike County Health Department
19 North Main Cross
Bowling Green, MO 63334
Ph.(573) 324-2111 Fax (573) 324-5517**

FOOD SERVICE COMPLAINT FORM

Person Filing Complaint:

Name _____

Address _____

City _____ St. _____ Zip _____

Phone _____

Signature _____

Location of Complaint:

Name: _____

Address _____

Ph _____

Date _____

Please describe the situation:

What did you eat? Can you pinpoint the approximate time or day of week?

What were your symptoms or illness?

Did you seek medical attention? Yes / No If so where? _____

Results of Health Dept. Investigation:
