



Warren County Health Department Food Complaint Form

Filling in your name and contact information is testament that all information you provide in this document is true, and will insure that your complaint is seen, investigated, and you are contacted after investigation. Print and fill out this form. E-mail it to: eprouhet@warrencountymo.org or fax it to: 636-456-4966.

Date _____

Your Name _____ Address _____

City _____ State and Zip _____ Phone _____

Name and City of Establishment _____

Date and Time of Visit _____

Nature of Complaint _____

Injury or Illness? Yes or No If yes, please explain: Vomiting _____ Headache _____ Diarrhea _____

Fever _____ Abdominal Cramps _____ Dizzy _____ Nausea _____ Skin Irritation _____ Chills _____

Allergic Reaction _____ Other _____ Were you treated at a hospital? _____

If so, which hospital? _____ Did they take a stool sample? _____

Time of Onset of Symptoms _____ a.m. or p.m.

If the symptoms are severe and this is an emergency- call 911 immediately.

Have you contacted the management of the establishment you visited? _____

Signature _____