



Harrison County General Health District

Food Service Licensee Complaint Form

Complainant Contact Information:

| | | | | |
|----------------|---------|--------|----------------|---------------------------------|
| NAME: (Last) | (First) | (M.I.) | DATE OF BIRTH: | Age |
| ADDRESS: | | | | Gender: |
| | | | | <input type="checkbox"/> Female |
| CITY: | STATE: | ZIP: | PHONE: | |
| Daytime Phone: | | | Today's Date: | |
| Email: | | | | |

Food Service Licensee in Question:

| | | |
|-------------------|----------------|------|
| Name: | | |
| Address/Location: | | |
| City: | State: | Zip: |
| Date of Visit: | Time of Visit: | |

Please List Everything You Consumed, One Item Per Line:

(If more than one person was affected, please complete one report for each person)

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Was the food eaten at the establishment? Yes No If No, Where? _____

Did you become ill? Yes No

If Yes, when did you become ill? Date: _____ Time: _____

When did you begin feeling better? Date: _____ Time: _____

Are you still feeling ill? Yes No

Why do you believe food from this vendor caused you to become ill? _____

Please Any Symptoms You Had, or Still Have:

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Abdominal Cramps | <input type="checkbox"/> Fever | <input type="checkbox"/> Other Symptoms |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Nausea | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> _____ |

Follow-up Care Questions:

Did you seek medical care? Yes No If Yes, where? _____

Type of Care Received: _____

Comments /Other Information: _____

In accordance with 901:3-4-09 of the Ohio Administrative Code, complaint investigation procedures will be conducted immediately if determined by the Health Commissioner to present an immediate potential risk to the public's health. All other complaints not deemed an immediate threat to the public's health shall be addressed within two business days. The Health Commissioner hereby reserves the right to decline to investigate a complaint if reasons within the complaint do not address violations under any of Ohio's Uniform Food Safety Codes. The licensor may decline to investigate any complaint it determines to be frivolous, not made in good faith, or too old to be reasonably investigated.