

EAST LIVERPOOL CITY HEALTH DEPARTMENT
FSO/RFE COMPLAINT POLICY

Food Service Operation and Retail food Establishment Complaint Form

Date of Complaint: _____ Name of Complainant: _____

Home Phone: _____ Cell Phone: _____ Home Phone: _____

Street Address: _____

City: _____ Zip Code: _____

Date of Incident: _____

Signature of Complainant: _____

I the undersigned complainant, hereby agree, that if it should become necessary for me to testify or depose in any legal action pertaining to the fact listed; I will so testify or depose

Did Illness Result?

Yes \Rightarrow Number of people ill: _____

Investigate:	HEALTH DEPARTMENT USE ONLY
<input type="checkbox"/> Immediately	
<input type="checkbox"/> Within 24 hours	
<input type="checkbox"/> Within 1 to 2 days	
<input type="checkbox"/> No	

Nature of Complaint: _____

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Department Actions: Investigating Sanitarian: _____

- FSO/RFE Inspection (state date and attach appropriate documentation) _____
- FSO/RFE Inspection Declined (state reason) _____
- Transferred to Director of Nursing or Epidemiologist (date and time) _____

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Other Actions Taken

Sanitarian Notes

Reviewed by:

Environmental Director: Initials _____ Date: _____

Director of Nursing: Initials _____ Date: _____

Health Commissioner: Initials _____ Date: _____