

FOOD ESTABLISHMENT COMPLAINT FORM

DATE & TIME OF COMPLAINT: _____

NAME OF ESTABLISHMENT: _____

STREET ADDRESS: _____

CITY: _____ COUNTY: _____

NATURE OF COMPLAINT: _____

COMPLAINANT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

THANK YOU FOR THIS INFORMATION. THIS WILL BE FORWARDED TO THE ENVIRONMENTAL HEALTH SPECIALIST LOCATED IN THE LOCAL COUNTY HEALTH UNIT. PLEASE CONTACT THE LOCAL COUNTY HEALTH UNIT IF YOU HAVE QUESTIONS.



Arkansas Department of Health
Keeping Your Hometown Healthy