



INFORMATION ON PERSON REPORTING COMPLAINT

NAME: _____ INCIDENT DATE/TIME: _____

ADDRESS: _____ PHONE: _____

INFORAMTION ON TYPE OF COMPLAINT

TYPE OF COMPLAINT: FOOD/BEVERAGE FOODBORNE ILLNESS POOL OR SPA HOTEL/MOTEL
 AIR QUALITY OTHER _____

LOCATION OF COMPLAINT

NAME OF FACILITY: _____ ADDRESS OR LOCATION: _____

CITY: _____ TELEPHONE: _____

DETAILS OF COMPLAINT

FOR OEH USE: PLEASE DO NOT WRITE BELOW THIS LINE!

INVESTIGATION NOTES AND/OR ATTACHMENTS _____

Investigator: _____ Date Received: _____ Completed Date: _____