

Perry County Health Department

409 Lincoln Park Dr. P.O. Box 230 New Lexington, Ohio 43764 Ph. 740-342-5179 Fax 740-342-5540 perrycountyhealthdepartment@perrycountyohio.net

Food Service Operation/Retail Food Establishment Complaint Form

Nature of Complaint:	Illness
	Contaminated, adulterated, spoiled food
	Unsanitary conditions
	Other
Facility Name:	
Address:	
Date of Incident:	Time of Incident:
Product or Food Involved:	Time of melaciti.
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Submitted by:	
Address:	
Phone:	
I consider the above condition to be a public health nuisance, injurious to health, comfort, or property of individuals of the public and would be willing to testify, if necessary, concerning the condition.	
Signature:	Date:
For Health Department Use	Only: Complaint #
Date	Action Taken

For additional questions or concerns, please contact our Environmental Health Division. Completed forms can be submitted via email, brooke.laster@perrycountyohio.net or fax, 740-342-5540.