Jackson County Health Department

Creating Healthy Communities

Environmental Health Division

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REQUEST FOR INVESTIGATION – FOOD COMPLAINT

Location:

Business Name	Phone Number
Address	City/Township

THE SPECIFIC COMPLAINT: *(if additional space is needed please use back of sheet.)*

Foodborne Illness Investigation Questions

Do you think you have Foodborne Illness? _____ Yes _____ No (if no please skip to *your information*)

Did you seek medical care? _____ Yes _____ No

What symptoms did/do you have? _____

How long after you ate did the symptoms occur? _____

**After complaint is received our Communicable Disease program may contact you for a full food investigation report.*

Your Information: *

Name	Phone Number
Address	City/Township

*Your name will not be used for the investigation. However, it is a matter of public record.

Complainant's Signature:	**Date**: / /20____