

City of Angleton

Food Service Establishment Complaint Form

Name(s) _____

Phone # (s) _____ Date of Complaint _____

Date of Incidence _____ Time of Incidence _____

Name & or Address of Establishment _____

Nature of Complaint: _____

Specifications: Please list in detail all of the food consumed at the time; including all beverages:

Symptoms: (be specific)

Duration of Symptoms:

Did you seek medical attention: Yes or No

If Yes please provide Specifics:

Facility _____

Doctor _____

Diagnosis and or recommendations:
