



CITY OF ANGLETON FOOD ESTABLISHMENT COMPLAINT FORM

This form is used to submit a complaint to the City of Angleton Health Inspections Department concerning the cleanliness and sanitation of food establishments within the City of Angleton. If you have a concern about a restaurant, please complete the form and email to: healthinspections@angleton.tx.us

COMPLAINANT NAME: _____
(FIRST) (LAST)

COMPLAINANT CONTACT INFO: _____
(PHONE) (EMAIL)

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

FOOD ESTABLISHMENT: _____ **LOCATION:** _____

DESCRIPTION OF COMPLAINT: Please fully describe the nature of your complaint in the space provided.

SPECIFICATIONS: Provide details of all food and beverage consumed in the space provided.

(Continued on Next Page)

REPORT OF ILLNESS:

Do you believe you became ill after consuming food and/or beverage from the food establishment?

YES No

Please describe any symptoms you have experienced and for how long:

Did you seek medical attention?

YES No

MEDICAL PRACTITIONER AND FACILITY INFO: _____

DATE SEEN: _____

TREATMENT RECOMMENDED: _____

*Information on food establishment health inspections can be found in
Chapter 8.5 of the City of Angleton Code of Ordinances:
https://library.municode.com/tx/angleton/codes/code_of_ordinances?nodeId=PTIICOOR_CH8.5FOFOES*