



Public Health
Prevent. Promote. Protect.
Preble County

PREBLE COUNTY PUBLIC HEALTH

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FOOD SERVICE OPERATION OR RETAIL FOOD ESTABLISHMENT COMPLAINT REPORT

Restaurant/Name of Food Service: _____ Phone _____

Address: _____

Nature of Complaint: (Check all that apply)

Food-borne Catastrophe Unsanitary Conditions
 Personal Hygiene Other _____

Submitted by:

Name _____

Address _____ Phone _____

I consider the above condition to be a public health nuisance – injurious to the 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	
<u>Date</u>	<u>Action Taken</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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A PHAB Accredited Health Department

