



PROVIDING COMMUNITY HEALTH DIRECTION

PAULDING COUNTY HEALTH DEPARTMENT & WIC

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Food Safety Complaint Form

Date complaint submitted: _____

Name and location of food facility: _____

Description of complaint: _____

Date the issue causing the complaint was observed: _____

Symptoms include: _____

Contact information of individual submitting complaint: _____



Office Use Only

Sanitarian complaint assigned to: _____

Complaint valid to investigate: yes no

Notes: _____
