**Montgomery County Health Department**

110 West South Boulevard, Crawfordsville, IN 47933

Phone: 765-364-6440 Fax: 765-361-3239

Submit a Complaint - Complaint Form for the Food Protection Division

When filing a complaint, please provide as much detail as possible about the location of the complaint, when the activity occurred, and what happened.

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| **Consumer information: All Fields are required to submit a complaint – All information is kept confidential** |
| **Your full name** |  |
| **Address** |  |
| **City** |  |
| **State** |  | **Zip code** |  |
| **Day telephone #** |  |
| **Email address** |  |
| **Complaint about?** |  |
| **Symptoms?If yes, what were your symptoms? Include: Date/Time of meal(s)?Date/Time of symptom(s)?How long were you sick?** |  |
| **Did you see a healthcare provider?If yes, name:** |  Yes  No |
| **Was a stool sample collected and analyzed?** |  Yes  No |
| **Complaint information:** |
| **Name of facility food was purchased** |  |
| **Name of food product involved** |  |
| **Location of food facility** |  |
| **City** |  |
| **State** |  | **Zip code** |  |
| **County** |  |
| **Did you save a sample of the food to submit for testing?** |  Yes  No |
| **Are there unopened containers of the same food product available to submit for testing (control sample)?** |  Yes  No  N/A |
| **Did you save the packaging of the food in the original package?** |  Yes No N/A |
| **Has the local health department been contacted? If yes, which local health department and who did you speak with?** |  Yes  No |
|  |
| **Are there any other details you want to include such as, UPC codes?** |  |  |  |

When completed, please print a copy of this form. You may drop it off or mail to our office at 110 West South Boulevard, Crawfordsville, IN. You are also welcome to fax a copy to 765-361-3239 or scan and email to Adrianne.northcutt@montgomeryco.net .