

## Complaint Information Form



<b>Location:</b>
<b>Health Office:</b> <input type="radio"/> Charles City <input type="radio"/> Goochland County <input type="radio"/> Hanover County <input type="radio"/> New Kent County

<b>General Information:</b>	
<b>Facility or Property Name</b>	<b>Facility or Property Address</b>
<b>Facility or Property Phone</b>	<b>Facility or Property Type (i.e Grocery Store, Restaurant)</b>
<b>General Details:</b>	
<b>Complaint Type</b> <input type="radio"/> Foodborne Illness <input type="radio"/> General <input type="radio"/> Open Well <input type="radio"/> Methamphetamine <input type="radio"/> Restaurant Complaint <input type="radio"/> Sewage <input type="radio"/> Water	<b>Legal Owner</b>     <b>Date</b>
<b>Complainant Information:</b>	
<b>Name</b>	<b>Phone Number</b>
<b>Address</b>	<b>Email</b>
<b>Complaint Details</b>	

<b>Foodborne Illness Complaint Only:</b>	
<b>Foods Involved- <i>detailed list</i></b>	
<b>Date Consumed</b>	<b>Time Consumed</b>
<b>Names &amp; Contact Information of Other People You Are Aware Became Ill:</b>	
<b>Name</b>	<b>Phone Number</b>