

**FSO/ RFE Complaint Form**

Date: \_\_\_\_\_ Date of Violation: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Owner/ Operator: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Manager On-Duty: \_\_\_\_\_ Facility Phone Number: (\_\_\_\_) \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

Was complaint presented to facility staff and was it addressed? \_\_\_\_\_

Name of person filing the complaint: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

I am aware that in the event that court action is necessary to correct this condition. This complaint form may be used as evidence and that I may be called upon to give testimony in support thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>	
Complaint #: _____	Date Received: _____
Investigating Sanitarian: _____	Date Investigated: _____
Finding/Orders: _____	
_____	
_____	
Re-Inspection Findings/Orders: _____	
_____	
_____	
Administrative Hearing Date: _____	Findings/Orders: _____
_____	
Board of Health Hearing Date: _____	Findings/Orders: _____
_____	