

Houston Department of Health and Human Services

FOOD ESTABLISHMENT COMPLAINT INTAKE FORM

Click inside the blue boxes to fill in the form. Then print this page and fax to 832-393-5208.

Today's Date:		Time Now:		Your Name:	
Name of the Establishment:				Your Phone:	
Address: [Please provide specific physical address]					
Anyone ill:					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
How many ill		How many ate:		Doctor visited: Yes No	
<i>If more than 2 persons became ill, please call 832 - 393-5080 immediately after completing this form.</i>				Name of Dr:	
				Phone:	
				Stool Specimen Submitted: Yes No	
Meal Eaten:		Onset of Symptoms:			
Date Time		Date Time			
Food Items Consumed:		Symptoms:			
		Nausea Headache			
		Vomiting Cramps			
		Diarrhea Fever			
		Chills/Sweats Dizziness			
		other:			
Anything Unusual About the Food:		Beverage(s): Yes No			
		What Beverage(s):			
Description of Complaint/Comments: <u>[Please provide food safety specific description rather than monetary, behavioral issues]</u>					

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Description (continued):