



**Public Health**  
Prevent. Promote. Protect.

**Cass County Health Department**

## Environmental Public Health Division

300 South Main  
Harrisonville, Missouri 64701  
Office (816)380-8426  
Fax (816)380-8450

### Food Establishment Complaint Form

Date:

Complainant Name:

Phone Number:

Do you wish to remain anonymous?  YES  NO

Would you like a follow-up call from the inspector?  YES  NO

Establishment Name:

Establishment Location:

Date of Incident:

Time of Incident:

What is the nature of your complaint?

- Temperature of Food     Cleanliness     Pests     Employee Hygiene  
 Employee Practices     Illness from consuming food (Please list symptoms & complete back page)  
 Other:

Description of Complaint:

Did you discuss this matter with anyone at the establishment?  YES  NO

If yes, with whom: \_\_\_\_\_

For Cass County Health Department Use Only

Complaint Taken By: \_\_\_\_\_

Inspector Assigned: \_\_\_\_\_

Risk Level

- Imminent  
 Potential  
 Nuisance  
 Non-Regulatory



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Was a doctor visited?  Yes  No Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Was a stool specimen collected?  Yes  No

Food Items/Beverages Consumed:

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Did you notice anything unusual about the food?  Yes  No

If yes, describe: \_\_\_\_\_

Date of Onset of Symptoms: \_\_\_\_\_ Time of Onset of Symptoms: \_\_\_\_\_

Symptoms:

- Nausea  Vomiting  Diarrhea  Chills/Sweats  Headache  Cramps  
 Fever  Dizziness  Other: \_\_\_\_\_
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