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 713-794-9457.

Today's Date:

Time Now:

Your Name:

Name of the Establishment:

Address:

[Please provide specific physical address]

Your Phone:

Anyone ill: No ☐ Yes ☐

How many ill

How many ate:

If more than 2 persons became ill, please call 713-794-9181 immediately after completing this form.

Doctor visited: Yes ☐ No ☐

Name of Dr:

Phone:

Stool Specimen Submitted: Yes ☐ No ☐

Meal Eaten:

Date Time

Onset of Symptoms:

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: [Please provide food safety specific description rather than monetary, behavioral issues]