



FOOD ESTABLISHMENT COMPLAINT FORM

This form may be used to report a complaint about a food service establishment. The Health Inspector will review the complaint and may contact you if any additional information is needed. Any personal information included on this form will be protected and is not considered public record.

You can return this form in person to the Development Services Department at City Hall, mail it to our office at Attn: Development Services 504 N. Queen Street, Palestine, Texas 75801, or email to rdorsey@palestine-tx.org. If you have any questions regarding your complaint, please call 903-731-8492.

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Food Service Establishment Information

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Complaint Information

Please describe your complaint about the food service establishment:

Did you or anyone in your party have any illnesses that you feel is related to your experience with the food establishment?
Yes No

What symptoms did you experience? _____

What foods were eaten (include appetizers, entrees, drinks, and desserts): _____

Date of meal: _____ Date when symptoms appeared: _____

Did you seek medical attention regarding your illness? Yes No