



Public Health
Prevent. Promote. Protect.

Perry County Health Department

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FOOD CONTAMINATION/TAMPERING INCIDENT FORM

Complainant: please print

Name _____ Ph# _____

Address _____

City _____ State _____ Zip _____

Description of Complaint:

Date of Incident _____ Time of Incident _____

Location: _____

Nature of Complaint:

Conclusion:

Action Taken:

Signature and Date Required to File Complaint:

Signature _____ Date _____