Food Safety Complaint Form

Specific Date of Occurance:

Establishment Name: _____

Establishment Address: _____

City, State _____

DETAILED DESCRIPTION OF COMPLAINT:

_____

_____

(please use back of this page if more room is needed)

Complaintant Name: _____

Complaintant Address: _____

Complaintant Phone: _____

By signing this complaint, I aknowledge that under penalty of law, the statements/complaints I made above are true and acurate to the best of my recollection.

Signature: (X)

This complaint will be investigated by the LHO. You may or may not be contacted by the LHO for confirmation and/or more information. The LHO will share the complaint with the PA.Dept of Agriculture.

Please mail or drop off this form at the Ambridge Boro Admin Office.

ALL COMPLAINTS WILL BE INVESTIGATED WITHIN 24 HRS. OF RECEIVING COMPLAINT - AND NAME/ADDRESS OF COMPLAINANT WILL BE KEPT IN THE STRICTEST CONFIDENCE. However, anonymous complaints will not be addressed.

BOROUGH OF AMBRIDGE

600 11TH STREET, AMBRIDGE, PA 15003-2377

LOCAL HEALTH OFFICER - NICHOLAS M. SHELEHEDA: 724-266-4070

www.ambridgeboro.org