



Borough of Ambridge
 Health Department
 600 Eleventh Street Ambridge, Pa 15003
 Phone: (724) 266-4070 | FAX: (724) 266-9191
 www.ambridgeboro.org

*Please fill out, sign and date the form below.
 Form must be mailed to the Borough Office (address above) via US Postal Service*

FOOD SAFETY COMPLAINT FORM

Indicates a required field

Consumer Information:

Date/Time: _____

***Consumer Name*:** _____

Home Address: _____

City: _____ State: _____ Zip: _____

***Consumer Phone Number*:**

() _____ - _____ Ext. _____

***Consumer Email*:** _____

Facility Information:

***Facility Name*:** _____

Facility Address: _____

City: _____ State: _____

Food Information

Food Purchased

***Food Pre-Packaged*:** YES _____ NO _____

***Complaint Details* (write a summation of your complaint in detail)**

Signature and Date

Please note: Because of "fake" complaints - we cannot address anonymous complaints. However, we take all complaints seriously, therefore all information is kept confidential and we will address any complaint within 24 hours of receiving complaint.