



FOOD SERVICE ESTABLISHMENT COMPLAINT FORM

Please complete all items on this form before submitting to the Health District

Do not use this form to report a foodborne illness. To report a foodborne illness call 425-339-5278

1. NAME OF FOOD ESTABLISHMENT: _____
2. ADDRESS OF FOOD ESTABLISHMENT: _____

3. DAY AND TIME OF DAY INCIDENT HAPPENED: _____
4. DESCRIPTION OF WHAT OCCURRED: _____

5. LIST OF FOODS EATEN IF APPLICABLE: _____

6. FOOD CONSUMED AT ESTABLISHMENT, TAKE OUT OR BOTH: _____
7. IF TAKE OUT, TRAVEL TIME FROM ESTABLISHMENT TO HOME OR OTHER LOCATION: _____
8. YOUR NAME (OPTIONAL): _____
9. YOUR PHONE NUMBER (OPTIONAL): _____
10. YOUR EMAIL (OPTIONAL): _____

Please note: If you do not provide your name and contact information, the Snohomish Health District (SHD) will be unable to contact you after the complaint investigation is completed or if additional information is needed to conduct the investigation.

You may submit this form to SHD via mail or email.

by mail to: Snohomish Health District
Food Section
3020 Rucker Ave Suite 104
Everett WA 98201-3900

by email to: flequestions@shd.snohomish.wa.gov (as a word attachment)