

**Jasper County Health Department**

In Cooperation with  
THE DEPARTMENT OF HEALTH OF MISSOURI  
105 Lincoln  
Carthage, MO 64836

Telephone: (417) 358-0481  
Fax (417) 358-0494

**FOOD SERVICE ESTABLISHMENT  
COMPLAINT FORM**

Complainant (person making complaint) \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Complaint made against (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Directions to Property (If Needed): \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Complaint made in person or  
through the mail)

Complainant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Complainant Received By: \_\_\_\_\_ Date: \_\_\_\_\_