

**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: \_\_\_\_\_

Complaint Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Jasper County Health Department