



Food Establishment Complaint Form

Use this form to submit a complaint about a food establishment in the City of Ennis. **You may use this form for a general complaint or a complaint about a foodborne illness in relation to a food establishment.**

Important: The identities of those filing complaints related to foodborne illness are protected and are not considered public record. If this complaint is **NOT** related to foodborne illness, you may make an anonymous complaint.

Fax this form to us at (972) 875-8540, email to healthdept@ennistx.gov, or mail it to our office at P.O. Box 220 Ennis, TX 75120. **If you have questions contact our office at (972) 875-6442.**

Contact Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

E-mail (optional): _____

Restaurant Information

Restaurant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

General Complaint

Temperature of Food Insects/ Rodents Cleanliness Other

Please describe your general complaint about the food establishment in the City of Ennis:

Foodborne Illness Complaint

Did you or anyone in your party experience an illness you feel is related to your experience with this food establishment? Yes No How many in your party became ill: _____

If Yes, please select any of the following symptoms that apply: (Number in order of appearance - 1,2,3,4,5,6,7,8,9)

Nausea Cramping Vomiting Diarrhea Fever Headache
 Chills Blurred Vision Other: _____

If Yes to Illness: what foods were eaten? Please describe below, and include all appetizers, entrees, desserts and drinks. Date of meal: _____ Time of meal: _____

Time of first symptoms: _____

Foods eaten: _____