



City of New Philadelphia, Ohio
New Philadelphia Health District

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www.newphilaoh.com/Health-Department ~ Fax 330-364-8830

FOOD SERVICE OPERATION COMPLAINT FORM

COMPLAINT NUMBER _____

DATE _____

TIME _____

COMPLAINANT _____

ADDRESS _____

RECEIVED BY _____

DETAILS OF COMPLAINT _____

DISPOSITION _____

SANITARIAN/ENVIRONMENTAL HEALTH DIRECTOR