

**RANDALL M. FLINT, RS, MPH**  
HEALTH COMMISSIONER

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*Healthy Lifestyles, Healthy Community*

Alliance City Health Department

Food Operation Complaint Form

Date: \_\_\_\_\_

Name of Food Operation: \_\_\_\_\_

Address Location of Food Operation: \_\_\_\_\_

Nature of Food Operation Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Filing Complaint: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Revised (1-3-2024)