



City of Wimberley

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environmentalhealth@cityofwimberley.com

Food Establishment Complaint

Environmental Health Department

Date: _____

Complaint No.: _____

Complainant Name: _____ Phone: _____

Email: _____

Name of Establishment: _____

Date Visited: _____

What Was Consumed: _____

Complaint Details: _____

Symptoms: _____

Date Onset: _____ Doctor: _____

Food Description: _____

*******FOR OFFICE USE ONLY*******

Date Investigated: _____

What was found: _____

Food Temps: _____

Warnings or Notices Issued: _____

Food Handler Certified: _____

Health Inspector

Date