



MEAT COMPLIANCE

Complaint Form

County _____

Date _____ Time: _____ A.M. P.M. Received by: _____

Complainant Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____ Other: _____

Subject's Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____ Other: _____

Nature of Complaint: _____

Complaint Referred to: _____

Date of Investigation: _____

Action Taken: _____

Press "submit complaint" below to submit this form via e-mail to Kevin Gay (404-656-6923).

Compliance Investigator: _____ Date: _____