

# NEVADA STATE DAIRY COMMISSION COMPLAINT REPORT

Date / Time: \_\_\_\_\_

Taken by: \_\_\_\_\_

Type of complaint:

- |  |   |
|--|---|
| <input type="checkbox"/> Foodborne illness       | <input type="checkbox"/> Establishment conditions |
| <input type="checkbox"/> Insect nuisance         | <input type="checkbox"/> Waste problems           |
| <input type="checkbox"/> Milk or product problem | <input type="checkbox"/> Other: _____             |

Complainant's name: \_\_\_\_\_

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

Location of the problem: \_\_\_\_\_

Nature of the complaint:

Action Summary:

- Not investigated    Investigated    Field inspection    Official notice    Enforcement letter    Court action

Referral to: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

*Note: Attach all supporting documents.*

*Assigned to:*

*By (Supervisor)*

*Date*