



CONSUMER COMPLAINT REPORT

State Form 14993 (R3/6-04)

Health Department

INDIANA STATE DEPARTMENT OF HEALTH
FOOD PROTECTION PROGRAM

Floyd County

1. Bacterial Suspected Tampering Establishment
 Chemical Foodborne Illness Other _____
 Foreign Material Mislabeling

Date 11-25-19 Reported by _____ Phone _____
Complainant Ronny Patrick Phone (H) 502-468-5500 Phone (Other) _____
Address _____ City Louisville State Ky Zip _____

Complaint the last four times ive been to the spaghetti shop their tea has been bad. tastes fermented.
The store also look generally unclean.

Injury/Illness Yes No If yes, symptoms _____
Date/Time of meal _____ Date/Time of symptoms _____ Number exposed _____ Number ill _____
Duration of illness _____ Physician/hospital _____ Address _____

2. Establishment Name Spaghetti Shop Food involved tea
Address 4510 Spa Charlestown Rd County Floyd Date of visit 11-25-19 Time of Visit _____

3. Product label _____ Code/expiration date _____
Mfg. Name _____ Address _____ Pkg. size _____
Dist. _____
Place of purchase _____ Address _____
Date of purchase _____ Number purchased _____ Number on hand _____
Police/firm notified _____ Contact _____

Additional info. - Store inspected last week - cleanliness was not an issue
- Spoke with owner who confirmed tea is made fresh and cleaned daily. No recent complaints about tea.
11/25 aj

Sample collected Yes No Complaint taken by Thomas