**<https://tpchd.org/healthy-places/food-safety/report-foodborne-illness-or-food-safety-complaint/report-a-foodborne-illness/>**

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**Report a Foodborne Illness**

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Complete the form below to report a foodborne illness.

If you would rather report by phone, call (253) 649-1696.

All reports are investigated promptly. We ask you to submit your contact information in case we have questions or need clarification during the investigation.

Per RCW 42.56.240, you may request to keep your name and information confidential when submitting a complaint. However, the Health Department may be required to release your name and information pursuant to Public Disclosure or court order.

**Your Contact Information**

Keep my name and contact information confidential.

Yes

No

Name(Required)

FirstLast

Email(Required)

Telephone Number(Required)

ext.

**Name of Food Establishment and Location of Incident**

Name of Food Establishment(Required)

**Location of Incident**

Enter the address (street address, city, and zip code) of the food establishment. If you are unsure of the exact name, or address use our online [Food Inspection Database](https://eco.tpchd.org/#/pa1/search) to look it up.

If the incident is associated with a temporary event or a mobile food establishment give as much detailed information about the name and location of the establishment as you can.

Location

Street AddressAddress Line 2CityAlabamaAlaskaAmerican SamoaArizonaArkansasCaliforniaColoradoConnecticutDelawareDistrict of ColumbiaFloridaGeorgiaGuamHawaiiIdahoIllinoisIndianaIowaKansasKentuckyLouisianaMaineMarylandMassachusettsMichiganMinnesotaMississippiMissouriMontanaNebraskaNevadaNew HampshireNew JerseyNew MexicoNew YorkNorth CarolinaNorth DakotaNorthern Mariana IslandsOhioOklahomaOregonPennsylvaniaPuerto RicoRhode IslandSouth CarolinaSouth DakotaTennesseeTexasUtahU.S. Virgin IslandsVermontVirginiaWashingtonWest VirginiaWisconsinWyomingArmed Forces AmericasArmed Forces EuropeArmed Forces PacificStateZIP Code

**Reporting a Problem**

Date of Meal(Required)

MM slash DD slash YYYY

Time of Meal(Required)

Hours

Minutes

                                     AM                                     PM                                 AM/PM

Description of Incident(Required)

Email Address

To receive a copy of your submission, please fill out your email address above and submit.

CAPTCHA

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