

Food business investigation request

When to use this form

Use this form if you experience or observe any unacceptable practices in any food business located in the Hobart municipal area.

If your concern relates to an alleged food poisoning incident please complete the [Alleged food poisoning request form](#).

Location and business details

Trading name of business Required

Unit/street number (or name of location e.g. Princes Park) Required

Street name Required

Suburb (Select 1 option)

Required

- Battery Point
- Dynnyme
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
- Lower Sandy Bay
- Mount Nelson
- Mount Stuart
- New Town
- North Hobart
- Queens Domain
- Ridgeway
- Sandy Bay
- South Hobart
- Tolmans Hill
- West Hobart

If the suburb you need does not appear in the list above that may mean the location is not within the Hobart municipal area. Refer to the localities listing <https://www.hobartcity.com.au/councillocalities> to see what Council you need to report the issue to.

Details of concern

Please describe your concern

Required

When did this happen?

Required

(include specific dates, times etc)

Have you taken any steps to resolve the issue yourself? (Select 1 option) Required

yes

no

Complete this field if you selected 'yes' in *Details of concern: Have you taken any steps to resolve the issue yourself?*

What steps did you take? Required

Please include any supporting documents or files



Please attach all files to the end of this form before submitting it.

Personal details

First name Required

Last name Required

Email address

Telephone number Required

Address Required

(type your address below or select the 'use my current location' button)

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post
- no response necessary

For information on how Council manages, handles, and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form

Don't forget to attach all files before submitting this form