Foodborne Illness Complaint Form

Date: __________________________  Reported by: __________________________

COMPLAINANT INFORMATION

Name: ____________________________________________________________
Address: __________________________________ Phone: ______________

Name of person reporting illness if different from the complainant:
______________________________________________________________
Address: __________________________________ Phone: ______________

FOOD IN QUESTION

Date food received? ______________________________________________
Where was food received? _________________________________________
How was the food handled after it arrived home? _______________________
How was the food prepared at home? ________________________________
What symptoms is the person experiencing? _________________________
When did the symptoms begin? ____________________________________
If the symptoms have abated, how long did the symptoms last? ________
What foods did the person consume before eating the food in question?
________________________________________________________________
What food did the person consume after eating the food in question?
________________________________________________________________

Did the person seek medical advice? YES □ NO □
Was suspicious food analyzed? YES □ NO □
Have the local authorities been notified? YES □ NO □
Who? __________________________________________________________
When? __________________________________________________________