

# 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? \_\_\_\_\_