

Illness Investigation from Food Operations

Use this form to report complaints about products and facilities

*Date Complaint Reported: _____
*Complainant's Name: _____
* Complainant's Address: _____
*City: _____ *Zip: _____
*Day time Telephone Number: _____

Facility or Product Item Complaint

Facility name or where product was purchased:

Facility Address: _____

Date of Purchase or Incident: _____

Describe unusual appearance, odor, taste, etc. _____

Describe the problem or complaint: _____

Did you become sick from eating this product? 0 Yes 0 No

If yes:

When did you eat the product? Date: _____ Time: _____

When did you get sick? Date: _____ Time: _____

What symptoms did you have? _____

How long did each symptom last? _____

Are you still sick? 0 Yes 0 No

Note: If you are ill consult with your medical provider about treatment.

Did you eat with anyone else? 0 Yes 0 No

Please provide their contact information, include Name and Telephone Number for contact: _____

Do you have any of the food or product left? 0 Yes 0 No

Note: If you have any food/product remaining **DO NOT EAT** and **DO NOT THROW IT AWAY**. Your medical provider or local public health agency may wish to sample the food. Package the remaining product in a cool, dry, non-permeable storage container.

Wash your hands after packaging the product. Do **NOT** let anyone eat or touch the package. Double bag the package. Hold all food under refrigeration, for possible testing.

Please complete the following food history sheet for all foods that you ate within the last 72 hours before you became sick.

FOOD HISTORY LOG INSERTED HERE