

FOODBORNE ILLNESS COMPLAINT FORM

Date of Notification: _____ **Time:** _____

Contact information:

Name: _____

Address: _____

Email: _____

Telephone Number: _____

Food Consumed: _____

When was it eaten: _____

Any changes or as on menu? _____

What symptoms are being experienced: _____

When did the symptoms start? _____

Are others that shared the meal? Are any of them also ill? _____

Notes:

Encourage the caller to also reach out to the local health department. The local health department can use their information to determine if there is an outbreak and if any further action needs to be taken.

Local Health Dept: _____

Contact Information: _____

Report to the local health department if more than one similar illness complaint is received.