|  |  |  |  |
| --- | --- | --- | --- |
| Complainant: Name |  | Phone (Day) |  |
| Address: |  | Phone (Eve) |  |
|  |

|  |
| --- |
| Others in party? |
| (get names, address and phone,  |  |
| use back of form if necessary) |  |
|  |
| Time and date of meal |  | Unit Location |  |
| Staff Member serving meal or otherwise involved |  |
| Onset of symptoms |  |
| **Date** |  | **Time** |  | **Symptoms** |  |
|  |
|  |
|  |
| Medical treatment / doctor |  |
|  |
|  |
| Hospital |
| **Name** |  | **Address** |  | **Phone** |  |
|  |
| Suspect meal |  | **Amount eaten** |  |
| **Identification** (brand name, lot number) |  |
| **Description of meal** |  |
| **Did others in the party have the same food?** |  | **If so, who?** |  |
| **Leftovers** |  | (refrigerate, do not freeze) |
|  |  |  |

|  |
| --- |
|  |
| Other foods or beverages consumed before or after suspect meal |
| **Date** | **Time** | **Location** | **Description** |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Other agencies notified? |  |
| Complainant’s attitude |  |
| Remarks |  |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Complainant received by |  | **Date** |  | **Time** |  |