|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |  |