

FOOD ILLNESS COMPLAINT FORM

1. Would you fill out a complaint form which would give us the information we need to follow up?
2. Would you please leave your name and number so our sanitarian could call you?
Name: _____ Telephone: _____
3. Where did you say you had eaten? _____
When did you eat there? Date _____ time: _____
4. What items did you eat? _____

5. How soon did you get sick? _____
6. What are your symptoms? _____
7. Did you eat alone? Yes _____ No _____
8. Did you eat with other people? Yes _____ No _____
9. Did they eat the same thing? Yes _____ What _____
Are they sick also? _____
10. Did you eat at any other restaurants in the last 8 to 72 hrs.? Yes _____ No _____
11. Have you reported this to the manager? Yes _____ No _____
12. Have you or any one you're acquainted with worked at this restaurant recently?
Yes _____ No _____
13. Have any of your friends been diagnosed with a food-borne illness or Hepatitis A recently? (Shigella) (E Coli) or (Salmonella)
14. When can our food sanitarian call you? _____