CONSUMER COMPLAINT/Illness FORM

Complaint Number: ________________________________
Quality Related: [ ] Food Safety Related: [ ] Unknown: [ ]
Date: _______________ Time Reported: _______________ am [ ] pm [ ]

Customer Name: _____________________________ Phone: ____________ (H) ____________ (W)
Address: _____________________________ City: _____________________________
State/Province: _____________________________ Zip Code: _____________________________
Email: _____________________________

Product Consumed:
Product Name: _____________________________ Size: _____________________________
Code on Package: _____________________________ UPC: _____________________________
Location Purchased: _____________________________
Date Purchased: _______________ Date Consumed: _______________
How was the Product Stored? _____________________________

Nature of Complaint:
Foreign Object [ ] Off Flavor [ ] Unsatisfactory Flavor [ ]
Packaging [ ] Illness or Injury [ ] Allergic Reaction [ ]
Other [ ] Specify: _____________________________
How Many People Consumed? ________ Ages? _____________________________
Symptoms/Additional Problem Information: _____________________________

Has the customer:
Seen a Doctor YES [ ] NO [ ] Details: _____________________________
Spoken to Public Health YES [ ] NO [ ] Details: _____________________________
(local Health Unit)
Gone to the Hospital YES [ ] NO [ ] Details: _____________________________
Contacted Regulatory Agency YES [ ] NO [ ] Details: _____________________________

Complaint Received By:
__________________________________________
SIGN ____________________________ PRINT NAME ____________________________
DATE ____________________________

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