

# Food-borne illness complaints form

Collect as much information as possible from the customer and advise that they need to seek medical help if they haven't already done so.

This data was collected by ..... (name) on .....(date) at ..... (time).

<b>Contact details</b>	Name	
	Address	
	Phone	
<b>Food consumed</b>	What was eaten?	
	When was it eaten? (Date & Time)	
<b>Symptoms</b>	What are the symptoms	
	When did the symptoms start	
<b>Persons affected</b>	Which members of the group ate the same food?	
	Are others experience the same illness?	
<b>Medical &amp; Authorities</b>	Has a doctor been consulted?	
	If yes, what is the diagnosis	
	Have the health authorities been contacted?	
<b>Other</b>	Any other important information.	
<b>Notification</b>	Has this been passed on for action? (If Yes, Name of supervisor)	