

CONSUMER COMPLAINT REPORT
Randolph County Health Department
Food Protection Program

- Chemical Foodborne Illness Pests Other (please describe)
- Foreign Material Labeling Issue Product Quality/Condition
- Suspected Tampering Establishment Condition Employee Health/Practices

Date: (mm/dd/yy) Reported By: Telephone:

Complainant: Telephone: (Home)

Email: Telephone: (other)

Address: (number and street) City: State: Zip:

Complaint:

Injury/Illness: Yes No If yes, symptoms:

Date: (mm/dd/yyyy)/Time of meal: Date: (mm/dd/yyyy)/Time of Symptoms: Number exposed: Number ill:

Duration of illness: Physician/Hospital: Address: (number and street, city, state, and ZIP code)

Establishment Name: Food Involved:

Address: (number and street, city, state, ZIP code) County: Date of Visit: (mm/dd/yyyy) Time of Visit:

Product Label: Code/Expiration Date: (mm/dd/yyyy)

Manufacturer Name Distributor Address: (number and street, city, state, ZIP code) Package Size:

Place of Purchase: Address: (number and street, city, state, ZIP code)

Date of Purchase: (mm/dd/yyyy) Number Purchased: Number on Hand:

Police/Establishment Notified: Contact:

Additional Information:

Sample Collected? Yes No

Complaint Taken By: