

# FOOD RELATED ALERT/COMPLAINT RECORD

<b>Form A</b>		<b>Complaint Number</b>
Complaint Received From:	Address: _____ Street _____ City, State, & Zip	Phone: ( ) _____ Area Code
Person to Contact for More Information	Address: _____ Street _____ City, State, & Zip	Phone Home ( ) _____ Work ( ) _____

Complaint:

Illness <input type="checkbox"/> Yes <sup>1,2</sup> <input type="checkbox"/> No <sup>3</sup>	Number Ill <input type="checkbox"/> Same household	Time Illness Began Date: _____ Hour: _____	Predominant Symptoms
Suspect Foods <sup>4</sup>	Source	Brand Identification	Lot Number
Suspect Meal	Place	Address: _____ Street _____ City, State, & Zip	
Persons Attending Suspect Meal	Address: _____ Street _____ City, State, & Zip		Phone: ( ) _____ Area Code
<small>*List additional persons on back of form</small>			
Received By:	Investigation Initiated By:	Complaint Closed By:	
Date:            Time:	Date:            Time:	Date:            Time:	
Action Taken & Verification of Notification area Provided on the back of this form.	Nature of Complaint: <input type="checkbox"/> Illness <input type="checkbox"/> Contaminated, Adulterated Spoiled Food <input type="checkbox"/> Unsanitary Establishment <input type="checkbox"/> Other (Specify)		

<sup>1</sup>If yes, professional staff member should obtain information about patient and record on IAMFES Forms C1/C2, or outbreak specific questionnaire.

<sup>2</sup>If still ill, ask person to collect stool in a clean container. Arrange for collection and testing per MDCH criteria.

<sup>3</sup>If No, skip to "Receive By:" line and complete remainder of form

<sup>4</sup>Ask person to refrigerate all food eaten during the 72 hours before onset of illness; save or retrieve original containers or packages; sample should be properly identified; hold until health official makes further arrangements.