Form A  Complaint Received From:  Address:  Street  City, State, & Zip  Phone:  ()  Area Code  Phone  ()  Area Code  Phone  Home ()  Work ()	FOOD RELATE	D ALERT/COMPL	AIN <sup>-</sup>	T RECORD		
Address:   Phone: ( )			.,			Complaint Number
Address:   Phone: ( )	Form A					
Person to Contact for More Information  Address: Street Street Home ( ) Work ( )  Complaint:    Illness			1	Address:		Phone:
Person to Contact for More Information  Address: Phone Home ( ) Work ( )  Complaint:    Illness   Number III   Time Illness Began Date: Date: Date: Date: Date: Suspect Foods   Source   Brand Identification   Lot Number   Suspect Meal   Place   Address: Phone: Persons Attending Suspect Meal   Address: Phone:				Street		( )
Street				City, State, & Z	ip	Area Code
City, State, & Zip   Work ( )	Person to Contact for More Information		n	Address:		Phone
Complaint:				Street		Home ( )
Complaint:				City, State, & Zir	<u> </u>	` '
Illness	Complaint:			ony, state, & Exp		,
Yes 1.2 Date:						
Yes 1.2 Date:						
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Yes 1.2 Date:						
Yes 1.2 Date:		<del> </del>				
Yes 1.2 Date:   No³ Same household   Suspect Foods⁴ Source   Brand Identification Lot Number    Suspect Meal  Place  Address:  Street  City, State, & Zip  Phone:  (A)	Illness	Number III	Γime	Illness Began	Predominar	nt Symptoms
□ No³ □ Same household □ Hour: □ □ □ Suspect Foods⁴ Source □ Brand Identification □ Lot Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	☐ Yes ¹.²					
Suspect Foods <sup>4</sup> Source Brand Identification Lot Number  Suspect Meal Place Address:  Street  City, State, & Zip  Persons Attending Suspect Meal Address:  Phone:	□ No <sup>3</sup>	Same household	Hour:			
Suspect Meal Place Address:  Street  City, State, & Zip  Persons Attending Suspect Meal Address:  Phone:					Lot Number	r
Persons Attending Suspect Meal Address:  Street  City, State, & Zip  Phone:	Caopeot i Coao	Codroc		Brana racritinoation	Lot Hambo	
Persons Attending Suspect Meal Address:  Street  City, State, & Zip  Phone:						
Persons Attending Suspect Meal Address:  Street  City, State, & Zip  Phone:						
Persons Attending Suspect Meal Address:  City, State, & Zip  Phone:	Suspect Meal	Place			Address:	
Persons Attending Suspect Meal Address:  City, State, & Zip  Phone:						Const
Persons Attending Suspect Meal Address: Phone:						Street
Persons Attending Suspect Meal Address: Phone:						City, State, & Zip
	Persons Attending	Suspect Meal /	Addre	ess:		
Street	. 5.55.15 / Morialing	, caopool moui				( )
Area Code				Street		Area Code

Nature of Complaint:

Spoiled Food

Investigation Initiated By:

Time:

Date:

□ Illness

\*List additional persons on back of form

Time:

Action Taken & Verification

of Notification area Provided on

the back of this form.

Received By:

Date:

☐ Contaminated, Adulterated

City, State, & Zip

Complaint Closed By:

Time:

☐ Other (Specify)

☐ Unsanitary Establishment

Date:

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

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

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

<sup>&</sup>lt;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.