

FOOD ILLNESS COMPLAINT FORM

Date reported: ___/___/___

Person reporting illness or suspected outbreak:

Complainant Name: _____ Person reporting is: ___ Victim
 ___ MD
 Phone numbers: W: (____) ____-____ H: (____) ____-____ ___ ER/Hospital
 ___ Other
 Address: _____ Who: _____

Type of group affected: _____

Number exposed: _____ Number ill: _____ Number not ill: _____

Predominant symptoms: _____

Earliest onset of illness: Day: _____ / ___ / _____ :___ __.m.

Latest onset of illness: Day: _____ / ___ / _____ :___ __.m.

Sought care at which MDs/ERs: _____

Which collect clinical specimens (blood, stool)? _____

Information from MD/ER: _____

Others exposed persons whether ill or well:

Name	Phone	Address	Comments

List additional on back

Action and Disposition*: _____

Was this a foodborne outbreak: ___ Yes ___ No ___ Can't tell.

If yes, why: _____

*Such as inspections done, whether "no further reports received and closed", food samples collected, when shipped to lab, results, human samples sent to lab and results, when reported to Area Environmental Director, Area Epidemiologist, or State Epidemiologist, "formal epi investigation done with xxxxxxxx"