TOOL 1 - ILLNESS COMPLAINT TRACKING LOG FORM

Purpose: To provide an electronic linelist of complaints.

Instructions: A designated person(s)-in-charge should be reviewing this log on a regular basis and communicating with the Regulatory/Health Authority as appropriate.

ILLNESS COMPLAINT TRACKING LOG FORM	COMMENTS					
	FOOD(S) CONSUMED					
	COMPLAINANT Phone Number					
	COMPLAINANT NAME					
ILLNESS COMPL	DATE/ Time					

T00L 1