

TOOL 2 - CUSTOMER FOODBORNE ILLNESS COMPLAINT FORM

Purpose: This form is to be used for documenting calls and/or person-to-person conversations with customers who complain that they became sick after eating at, or purchasing food from, the Food Establishment.

Instructions: If the Food Establishment already has a form or uses another system of documentation, compare forms to ensure that the information collected is complete. If the person is currently experiencing symptoms or the Food Establishment owner/operator/manager suspects this complaint could be part of a suspected or confirmed outbreak, they should report this information to the Regulatory/Health Authority in their jurisdiction.

CUSTOMER FOODBORNE ILLNESS COMPLAINT FORM

Food Establishment Name:

Address:

Name of person taking complaint:

Date complaint received: ____ / ____ / ____ (month/day/year)

Did staff person read the following statement to the complainant? Yes No

SUGGESTED COMMENTS AND QUESTIONS:

“Thank you for calling (contacting) us. We are sorry for any inconvenience or illness you may have suffered. We investigate claims of illness brought to our attention and would like to ask you some questions about your experience. Would you be willing to take a few minutes to provide us with more information?” Yes No

What is your name?

What is your relationship to the ill person?

Name of person complaining of illness (if not the caller):

Ill person's Phone:

Ill person's Email/Other:

Ill person's Address:

How many people ate the meal or food (regardless of whether they are ill)?

How many people are ill?

When was the meal, food consumed? Date: ____ / ____ / ____ (month/day/year) Time:

What did you (or the ill person) have to eat?

(ask specific questions, be sure to include beverages/ice)

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When did people become ill? Date: ____ / ____ / ____ (month/day/year) Time:

What symptoms are/were you (or the person you are reporting for) experiencing?

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NOTE: If a person still has symptoms, recommend that they consider seeking medical attention and directly notify the Regulatory/Health Authority.

SUGGESTED ENDING COMMENTS:

“Thank you for your call. We regret that you had an unpleasant food experience. We hope that you are doing well and will give us the opportunity to serve you again in the near future.”

Customer comments:

Food Establishment Follow-Up Actions:

Was this complaint reported to Regulatory/Health Authority? Yes No

If yes, name of organization and date sent:

Other follow-up actions: