

# FOOD RELATED ALERT/COMPLAINT RECORD

Form A		<b>Complaint Number</b>
Complaint Received From:	Address:  <small>street, city state, zip</small>	Phone: (      ) <small>(Area Code)</small>
Person to Contact for More Information	Address:  <small>street, city, state, aip</small>	Phone Home (      ) Work (      )
Complaint Details:		

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: <input type="checkbox"/> am <input type="checkbox"/> pm	Predominant Symptoms
Suspect Foods <sup>4</sup>	Source	Brand Identification	Lot Number
Suspect Meal	Place	Address: <small>(street)</small> <small>(City, State, &amp; Zip)</small>	
Persons Attending Suspect Meal	Address:  <small>City, State, &amp; Zip</small>		Phone:
<small>*List additional persons on next page</small>			
Received By:	Investigation Initiated By:	Complaint Closed By:	
Date:      Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Date:      Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Date:      Time: <input type="checkbox"/> am <input type="checkbox"/> pm	

Action Taken & Verification of Notification area Provided on next page.

Nature of Complaint:

- |   |   |
|---|---|
| <input type="checkbox"/> Illness                                | <input type="checkbox"/> Unsanitary Establishment |
| <input type="checkbox"/> Contaminated, Adulterated Spoiled Food | <input type="checkbox"/> Other (Specify)          |

<sup>1</sup>If yes, professional staff member should obtain information about patient and record on Michigan Gastrointestinal Case Investigation or IAFF C1/C2 forms, 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.

Additional people attending implicated meal:

Notifications to State or other Local Health Department agencies:

MI Department of Agriculture Date notified: Person notified: \_\_\_\_\_

MI Department of Community Health Date notified: Person notified:

Other LHD notification Name(s) of LHDs notified: \_\_\_\_\_ Date notified: \_\_\_\_\_

Actions Taken: