# INDIANA STATE DEPARTMENT OF HEALTH
# FOOD PROTECTION
# CONSUMER COMPLAINT REPORT

State Form14993 (R2/4-00)

**Health Department**

☐ Bacterial ☐ Suspected Tampering ☐ Establishment
☐ Chemical ☐ Foodborne Illness ☐ Other _____
☐ Foreign Material ☐ Mislabeling

| Date: | Reported by: | Phone: |
|---|---|---|
| Complainant: | Phone (H): | Phone (W): |
| Address: | | |

Complaint:

| Injury/Illness: ☐ Yes ☐ No | If Yes, symptoms: | |
|---|---|---|
| Date and Time of onset of symptoms: | Number exposed: | Number ill: |
| Duration of illness: | Physician/hospital: | |

| Establishment: | |
|---|---|
| Address: | Date of visit: |

| Product Label: | Code/Expiration date: |
|---|---|
| Place of purchase: | Address: |
| Date of purchase: | Number purchased: Number on hand: |
| Police/Firm notified: | Contact: |

Notes/Action:

| Sample collected: ☐ Yes ☐ No | *Complaint Taken By:* |
|---|---|

**ESTABLISHMENT FOLLOW-UP** **DATE:**

| Establishment Name: | Phone: |
|---|---|
| Person contacted: | Title: |
| Number on hand: | Other complaints: |

Findings/Comments:

| Follow-up sample collected: ☐ Yes ☐ No | *Environmental Health Specialist:* |
|---|---|

Note: Complaint form should be used for initial complaint even if a sample is not involved.