CONSUMER COMPLAINT REPORT State Form 14993 (R3/6-04)

INDIANA STATE DEPARTMENT OF HEALTH

Health De	partment
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FOOD PROT	ECTION P	ROGRAM									
1. Bacterial Chemical			uspected Tampe	ring		Establis Other	shment				
Foreign Material		☐ Mi	slabeling								_
Date	Reported	l by						Phone	l		
Complainant		Phone (H)						Phone (Other)			
Address			City					State	Zip		
Complaint									•		
Injury/Illness	Yes [] No	f yes, symptoms	3							
Date/Time of meal		Date/Time of	ate/Time of symptoms Number exposed				sed	Number ill			
Duration of illness	Phy	/sician/hospita	in/hospital Address			"					
2. Establishment Name					I	Food involved					
Address				Со	unty		Date of	f visit		Time of Visit	
3. Product label				Code/expir	ation d	ate					
Mfg. ☐ Name Dist. ☐		Address				Pkg. size					
Place of purchase											
Date of purchase		Number purchased			N	Number on hand					
Police/firm notified					Con	tact					
Additional info.											
Sample collected	Yes	☐ No	Complain	t taken by	1						

ESTABLISHMENT FOLLOW-UP

ESTABLISHIVIENT FOLLOW-UP						
Establishment name	Phone					
Person contacted		Title				
Action: LHD Retail Wholesale Other	Num	umber on hand Other complaints				
Findings/comments						
Follow-up sample collected Yes Not	low-up sample collected Yes Not Environmental Health Specialist					
Note: Complaint form should be used for initial complaint even if a sa	imple is not involved. If a r	manufactured food product o	or foodborne illness is involved, please forward to ISDF			
SAMP I,	LE RELEAS	SE DOCUMEI	NT			
(Name)		(Street Address)			
(City)		(State and Zip Code)				
hereby agree to release the sample(see representative of the Food Protection and/or analysis:						
(Customer Signature)			(Date)			
(Gustomer Gignature)			(Dato)			

(Date)

(Food Protection Representative)