



MEAT INSPECTION

**Food Borne Illness Consumer Complaint**

Complaint Received by:

Complaint Received From:

Complainant Name:

Complainant - Address:

Phone:

Subject - Address:

Phone:

Subject Name:

Complaint:

Where Product was Manufactured:  
Address:

Firm or Est. Number:

Date Purchased:

Date Consumed:



How was product stored after purchase?

Date Prepared:

How was product cooked? (Fried, Broiled, etc.)

Was Meat Cooked? Rare Medium Well Was product consumed? Yes No Partially

Person(s) Ill: Sex: Age: Name:

Symptoms: Nausea Cramps Fever Vomiting Diarrhea Double Vision Other

Was the person seen by a doctor? Yes No If Yes, Dr.'s Name:

Address:

Phone:

Onset of Illness: Time: A.M. P.M. Date:

Has the complainant had any type of virus prior to consuming product? Yes No

Disposition:

Compliance Officer:

Date: