

## Foodborne Illness Complaint Referral for MDARD-Regulated Foods or Facilities

**Michigan Department of Agriculture and Rural Development**  
P.O Box 30017, Lansing, MI 48909

LHD May attach copy of completed Form A or equivalent to this referral  
**DO NOT SEND COMPLETED PATIENT QUESTIONNAIRES TO MDARD, UNLESS REQUESTED**

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|---|--|---|
| Date:   | To: MI Department of Agriculture and Rural Development (MDARD)   | Email: <a href="mailto:MDA-Complaints@michigan.gov">MDA-Complaints@michigan.gov</a> |
| LHD completed case history interview, including 72-hr meal history <i>(required by 2000 Food Law)</i><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Pending  | The _____ Health Department has received a report of illness allegedly associated with exposure to food or beverage from an MDARD-regulated facility from:<br>Complainant Name:<br>Address:<br>Contact phone or e-mail<br><b>Was complaint directly referred to LHD by MDARD?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN  |   |
|   | Implicated Facility Name:<br>Facility Street Address:<br>City: _____ Zip: _____  |   |
|   | <b>Product Information, if available</b><br>Implicated Product, including brand name:<br>Date of Purchase:<br>Product size, container type (e.g. 2 lb. cardboard box):<br>UPC/SKU number:<br>Expiration/Use by/Best if used by date:<br>Lot codes, if available:<br>USDA plant number, if available:<br>Any other codes/numbers, etc. on package?<br>Does complainant still have product? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| <b>Details of complaint – Please be as specific as possible, including number ill, consumption and onset date and time. Form A or equivalent may be attached if this info has already been recorded.</b>  |  |   |
| <b>Given the symptoms, estimated incubation and/or nature of complaint, does the alleged link between consumption of the food and onset of illness appear to be biologically plausible?</b><br>Likely <input type="checkbox"/> Unlikely <input type="checkbox"/> Unknown <input type="checkbox"/><br>Why? |  |   |
| <b>Summary of Local Health Department (LHD) actions so far:</b>   |  |   |
| <b>The LHD requests the following from MDARD:</b>   |  |   |
| <b>Summary of MDARD actions (MDARD final report may be attached):</b>   |  |   |
| LHD Contact:<br>Phone:<br>Emergency or After-Hours contact:<br>FAX:<br>Email:   | MDARD contact:<br>Phone:<br>Emergency or After-Hours contact:<br>FAX: 517-373-3333<br>Email:   |   |