

## Form A – Food Related Alert/Complaint Record

### Complaint Information

Complaint Number:

Complaint Received By:

Date/Time:

Investigation Initiated By:

Date/Time:

Person Conducting FBI Log Review:

Date of Review:

Complaint Closed Date/Time:

Actions taken by LHD:

### Complainant Information

Complainant Name<sup>1</sup>:

Person to Contact for More Information:

Phone:

Phone:

Email:

Email:

### Details

Complaint Details:

Illness<sup>2,3</sup>: Y N Same Household: Y N

Number Ill:

Date Illness Began:

Time Illness Began:

Predominant Symptoms:

Suspect Meal and/or Foods<sup>4</sup>:

Source of Suspect Meal/Foods (Name and Address):

Product Identifiers (Brand, Lot Code, UPC, etc.):

### Notifications

MDARD<sup>5</sup>

Date Notified:

Method of Notification:

MDHHS

Date Notified:

Method of Notification:

Other State Agency Date Notified:

Method of Notification:

<sup>1</sup> An MDSS number can be used in lieu of complainant information. Do not include contact information if an MDSS number is used.

<sup>2</sup> If yes, professional staff member should obtain information about patient and record on Michigan Gastrointestinal Case Investigation, IAFC1/C2 forms, or outbreak specific questionnaire.

<sup>3</sup> If still ill, assess if case is willing to submit a stool sample and advise on agency-specific procedures

<sup>4</sup> If leftover suspect foods are available and investigation may warrant sampling, advise individual on holding product for sample collection

<sup>5</sup> Report outbreaks to MDARD via [MDARD-MI-FSPR@michigan.gov](mailto:MDARD-MI-FSPR@michigan.gov). If an MDARD facility is implicated, include an FI-238 and email both [MDARD-MI-FSPR@michigan.gov](mailto:MDARD-MI-FSPR@michigan.gov) and [MDA-complaints@michigan.gov](mailto:MDA-complaints@michigan.gov).

**Additional Information for Internal Health Department Use**

**Note: Details documented below contain personal health information not required by MDARD, please do not include it in notification to MDARD unless specifically requested.**

**Address of Complainant:**

**Address of Person to Contact for More Information:**

**Additional Persons Attending Suspect Meal**

**Name: Address: Phone/Email:**

**Name: Address: Phone/Email:**

**Name: Address: Phone/Email:**