

FOOD RELATED ALERT/COMPLAINT RECORD

Form A		Complaint Number
Complaint Received From:	Address: street, city state, zip	Phone: () Area Code
Person to Contact for More Information	Address: street, city, state, aip	Phone Home () Work ()

Complaint Details:

Illness <input type="checkbox"/> Yes ^{1,2} <input type="checkbox"/> No ³	Number Ill <input type="checkbox"/> Same household	Time Illness Began Date: Hour: <input type="checkbox"/> am <input type="checkbox"/> pm	Predominant Symptoms
Suspect Foods ⁴	Source	Brand Identification	Lot Number
Suspect Meal	Place	Address: (street) (City, State, & Zip)	
Persons Attending Suspect Meal	Address: City, State, & Zip		Phone:
*List additional persons on next page			
Received By: Date: Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Investigation Initiated By: Date: Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Complaint Closed By: Date: Time: <input type="checkbox"/> am <input type="checkbox"/> pm	

Action Taken & Verification
of Notification area Provided on
next page.

Nature of Complaint:
 Illness
 Contaminated, Adulterated
Spoiled Food

Unsanitary Establishment
 Other (Specify)

FBI log review conducted Date:

¹If yes, professional staff member should obtain information about patient and record on Michigan Gastrointestinal Case Investigation or IAFP C1/C2 forms, or outbreak specific questionnaire.

² If still ill, ask person to collect stool in a clean container. Arrange for collection and testing per MDHHS criteria.

³ If No, skip to "Receive By:" line and complete remainder of form

⁴ Ask person to refrigerate all food eaten during the 72 hours before onset of illness; save or retrieve original containers or packages; sample should be properly identified; hold until health official makes further arrangements.

Additional people attending implicated meal:

Notifications to State or other Local Health Department agencies:

- MI Dept of Ag & Rural Development Date Notified: Person Notified: _____
- MI Dept of Health & Human Services Date Notified: Person Notified: _____
- Notifications to State or other Local Health Department agencies:
 - Date Notified: Person Notified: _____
 - Date Notified: Person Notified: _____

Actions Taken: