

**FOOD-RELATED ALERT COMPLAINT RECORD**

FORM A		Complaint Number
Complaint Received From	Address	Phone
Person to contact for More Information	Address	Phone: Home Work

Complaint

Illness <input type="checkbox"/> Yes <sup>1,2</sup> <input type="checkbox"/> No	Number Ill	Time Illness Began Date Hour	Predominant Symptoms		
Suspect Foods <sup>3</sup>		Source	Brand Identification	Lot Number	
Suspect Meals		Place	Address		
Persons Attending Suspect Meal		Address		Phone	
Places Foods Eaten (last 72 hours)		Date	Time	Address	
Today					
Yesterday					
Day before yesterday					
Received by			Date	Time	
Action Taken		Nature of Complaint <input type="checkbox"/> Illness <input type="checkbox"/> Unsanitary Establishment <input type="checkbox"/> Contaminated, Adulterated, Spoiled Food <input type="checkbox"/> Other (specify)			

<sup>1</sup>If yes, professional staff member should obtain information about patient and record on Form B.

<sup>2</sup>Ask person to collect vomitus or stool in a clean jar; wrap, identify, and refrigerate; hold until health official makes further arrangements.

<sup>3</sup>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.

OHIO DEPARTMENT OF HEALTH (ADAPTED FROM THE FORMS OF INTERNATIONAL ASSOCIATION OF MILK, FOOD, AND ENVIRONMENTAL SANITARIANS, INC. AMES, IOWA)

Revised 3/84