

FOODBORNE ILLNESS COMPLAINT LOG

Identifying Information

Places Where Person Ate

Day of Illness

Day before Illness

2 Days before Illness

Name:			
Address:			
Phone:			
Date:	(of call)	(of illness)	
Symptoms:			

Name:			
Address:			
Phone:			
Date:	(of call)	(of illness)	
Symptoms:			

Name:			
Address:			
Phone:			
Date:	(of call)	(of illness)	
Symptoms:			

Name:			
Address:			
Phone:			
Date:	(of call)	(of illness)	
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Date:	(of call)	(of illness)	
Symptoms:			