

Food Borne Illness Report

To be filled out immediately with the customer as it is being reported,
by the employee who received the complaint.



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Report Taken by: _____

Date: _____

Time: _____

Customer Details:

Full Name: _____

Address: _____

Email: _____ Cell: _____

Illness Details:

When did the customer eat at the restaurant? _____

Date: _____ Time: _____ Server: _____

What menu items did the customer eat?* _____

Were there other people in the customer's party? _____

If yes, did any people in the party eat the same menu items as the customer?

Is anyone else in the party ill? _____

When did the customer's symptoms appear? Date: _____ Time: _____

Did the customer see a doctor? _____

Other information: Has the Health Authority been contacted?

By the customer? Date: _____

By the restaurant? Date: _____

Health Authority Contact**

Name: _____

Telephone: _____

Follow-up: _____

Has follow-up been done on this report? Yes No

Is the Health Authority Report attached? Yes No

Supervisor's Signature: _____

Date: _____

ADDITIONAL NOTES:

***If any of the food that the customer ate still remains, do not serve the food and isolate it for possible inspection and testing.**

****If the customer has not contacted the Health Authority, provide the customer with the Health Authority contact information.**
