



# FOOD COMPLAINT FORM

FILE NUMBER: 1-72

GDS Category: ENVIRONMENTAL HEALTH

Public Document YES

Date: DECEMBER 2021

Version: 1

Review Date: DECEMBER 2022

## Complaint Details:

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number/Email Address: \_\_\_\_\_

## Food Details

Type of food: \_\_\_\_\_

Brand/Manufacturer: \_\_\_\_\_

Address of where purchased: \_\_\_\_\_

Date and time purchased: \_\_\_\_\_

Time of purchase: \_\_\_\_\_

Use by date on product: \_\_\_\_\_

Please provide details of the sequence of events after food was purchased on page 2

## Illness Details

Time of consumption: \_\_\_\_\_

Date of illness onset: \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

Doctor/Hospital visit: Yes / No

## Food Sample

Do you have a sample of the food available for collection? Yes / No

If yes, how has it been stored and for how long? \_\_\_\_\_

Signature of Complainant \_\_\_\_\_ Date: \_\_\_\_\_

