

# PRODUCT COMPLAINT REPORT

Report No: \_\_\_\_\_

Illness [No Ill: \_\_\_\_\_]  Injury  Product Spoilage  Container Integrity  Foreign Object

Miscellaneous:  Odor  Taste  Color  Other \_\_\_\_\_

Product: \_\_\_\_\_

Complaint Taken By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Complainant Name: _____	
Company: _____	
Address: _____	Phone: _____
City: _____	Zip: _____
County of Residence: _____	

Product: \_\_\_\_\_ Brand: \_\_\_\_\_ Size: \_\_\_\_\_

Code/Expiration Date: \_\_\_\_\_ UPC: \_\_\_\_\_ Product sold:  Shelf-stable  Refrigerated  Frozen

Description of Problem (for illnesses see below): \_\_\_\_\_

Purchase Location: \_\_\_\_\_ Purchase Date and Time: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone \_\_\_\_\_

Product: Handling \_\_\_\_\_ Storage \_\_\_\_\_ Preparation: \_\_\_\_\_

Name	Age	Symptoms in order of appearance	Time	Medical Treatment Necessary	Diagnosis/Lab Confirmation

**D** = Diarrhea **V** = Vomiting **N** = Nausea **H** = Headache **D** = Dizziness **F** = Fever **B** = Burning **R** = Rash/Hives

Medical Provider Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How much product consumed: \_\_\_\_\_ Product Remaining:  Yes  No  Unopened packages \_\_\_\_\_

Location of Remaining Product: \_\_\_\_\_

How is Product Stored: \_\_\_\_\_

Health Department Notification:  No  Yes Department \_\_\_\_\_

**Additional Illnesses**

Name	Age	Symptoms in order of appearance	Time	Medical Treatment Necessary	Diagnosis/Lab Confirmation

**Comments:**

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**Reviewed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Disposition:**

**Internal Referral:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**External Referral:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Regulatory Referral** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Final Disposition/Closure:**

**Reviewed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_