

N.C. DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
 MEAT AND POULTRY INSPECTION DIVISION  
 CONSUMER COMPLAINT INFORMATION SHEET

DATE RECEIVED

<b>1. FORM OF INQUIRY</b>	<b>2. SOURCE OF INQUIRY</b>		
<input type="checkbox"/> Visit	<input type="checkbox"/> Telephone	<input type="checkbox"/> Consumer	OTHER (specify)
<input type="checkbox"/> Letter	<input type="checkbox"/> Fax	<input type="checkbox"/> Referral (from another agency)	

<b>3. IDENTIFICATION OF INQUIRER</b>			
NAME OF INQUIRER (last, first, middle initial)		TELEPHONE NUMBER (home)	TELEPHONE NUMBER (work)
ADDRESS (street, P.O. box, etc.)		CITY/STATE	ZIP CODE

<b>4. SUBJECT OF INQUIRY</b>					OTHER (specify)
<input type="checkbox"/> Product Safety	<input type="checkbox"/> Ingredients	<input type="checkbox"/> Product Appearance	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury	

<b>5. IDENTIFICATION OF PRODUCT</b>			
A. BRAND NAME		B. PRODUCT NAME	
C. SIZE AND PACKAGE TYPE		D. CAN/PACKAGE CODES	
E. NAME AND LOCATION OF STORE WHERE PURCHASED		F. DOES COMPLAINANT EXPECT ADDITIONAL INFORMATION?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. SELL/USE BY DATE	H. DATE PURCHASED	I. PRODUCT USED <input type="checkbox"/> Yes <input type="checkbox"/> No	J. DATE USED
K. MANUFACTURER (name and address)		L. ESTABLISHMENT NO.	M. AMOUNT REMAINING

<b>6. INJURY OR ILLNESS RESULTED (if "YES" complete items a through h)</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>A. TYPE INJURY</b>	<b>G. TYPE SYMPTOMS</b>	<b>H. ONSET (time in hours and minutes)</b>
	<input type="checkbox"/> Vomiting	
<b>B. ATTENDING HEALTH PROFESSIONAL</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Nausea	
<b>C. HOSPITALIZATION REQUIRED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diarrhea	
<b>D. DOCTOR</b>	<input type="checkbox"/> Dizziness	
<b>E. HOSPITAL</b>	<input type="checkbox"/> Headache	
<b>F. CITY</b>	<input type="checkbox"/> Other (specify)	

<b>7. NATURE OF COMPLAINT AND REMARKS</b>
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<b>8. COMPLIANCE ACTION TAKEN</b>		
<input type="checkbox"/> Investigation	<input type="checkbox"/> Telephone Call	OTHER (specify)
		REFERRED TO

<b>9. SAMPLING INFORMATION</b>		
NUMBER OF SAMPLES	LABORATORY	TYPE OF ANALYSIS REQUESTED
COMPLETED BY	BADGE NUMBER	DATE COMPLETED
PROGRAM	LOCATION	