

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE CONSUMER COMPLAINT INFORMATION SHEET	EPIDEMIOLOGY CASE NUMBER	EMERGENCY PROGRAMS CASE NUMBER	DATE RECEIVED
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1. FORM OF INQUIRY		2. SOURCE OF INQUIRY	
<input type="checkbox"/> Visit	<input type="checkbox"/> Telephone	<input type="checkbox"/> Consumer	<input type="checkbox"/> Congressional
<input type="checkbox"/> Letter	<input type="checkbox"/> Fax	<input type="checkbox"/> Referral (From Another Agency)	
OTHER (Specify)			

3. IDENTIFICATION OF INQUIRER			
NAME OF INQUIRER (Last, First, Middle Initial)		TELEPHONE NUMBER (Home)	TELEPHONE NUMBER (Work)
ADDRESS (Street, P.O. Box, etc.)		CITY/STATE	ZIP CODE

4. SUBJECT OF INQUIRY				
<input type="checkbox"/> Product Safety	<input type="checkbox"/> Ingredients	<input type="checkbox"/> Product	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury
Other (Specify)				

5. IDENTIFICATION OF PRODUCT			
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 <input type="checkbox"/> FOIA	
G. SELL/USE BY DATE	H. DATE PURCHASED	I. PRODUCT USED	J. DATE USED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
K. MANUFACTURER (Name and Address)		L. ESTABLISHMENT NUMBER	M. AMOUNT REMAINING

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

7. NATURE OF COMPLAINT AND REMARKS

8. COMPLIANCE ACTION TAKEN			
<input type="checkbox"/> Investigation	Other (Specify)	REFERRED TO	PROGRAM CONTACTED AND OFFICIAL CONTACTED
<input type="checkbox"/> Telephone Call			

9. SAMPLING INFORMATION			
NUMBER OF SAMPLES	LABORATORY	TYPE OF ANALYSIS REQUESTED	
ASSIGNMENT CODE	COMPLETED BY		DATE COMPLETED
	PROGRAM	LOCATION (City)	

7. NATURE OF COMPLAINT AND REMARKS (Continued)
