

INDIANA STATE DEPARTMENT OF HEALTH FOOD PROTECTION CONSUMER COMPLAINT REPORT

State Form14993 (R2/4-00)

1816				<u> </u>			
Bacterial Chemical		Suspected Tampering Foodborne Illness	g	Establishmen Other	nt _.		
Foreign Materia		Mislabeling			V _D ,		
Date:	Reported by:			The Market	Phone:		
Complainant:	Phone (H	1):		Phone (W):			
Address:							
Complaint:							
				W. 40° L	·		
Injury/Illness: [Yes No	If Yes, symptoms:				And the second s	
Date and Time of onset of symptoms:				per exposed:	Number ill:		
Duration of illness: Physician/hospital:							
Establishment:							
ddress: Date of visit:							
Product Label:		Code/Expiration date:					
Place of purchase:				Address:			
Date of purchase:		Number purchased:		Nı	umber on hand:		
Police/Firm notified:			Contact:				
Notes/Action:							

Sample collected:	ample collected: Yes No Complaint Taken By:						
ESTABLISHMENT FOLLOW-UP DATE:							
Establishment Name:			Phone:				
Person contacted:			Title:				
Number on hand:	Other comp	Other complaints:					
Findings/Comments:							
Follow-up sample collected: Yes No Environmental Health Specialist:							

INDIANA STATE DEPARTMENT OF HEALTH

Food Protection Program 2 North Meridian Street Indianapolis, Indiana 46204

SAMPLE RELEASE DOCUMENT

(Name)	(Street Address)
(City)	(State and Zip Code)
nereby agree to release:	
the sample(s) described below into the cu of the Food Protection Program, Indiana S nvestigation and/or analysis:	
(Product description and condition)	
* All samples become the property of the action as may be deemed appropriate	ne Indiana State Department of Health e and will not be returned.
The Indiana State Department of Hea consumer samples where product into	alth will not initiate legal actions on oper egrity may have compromised.
(Consumer Signature)	(Date)
(Food Protection Representative)	(Date)