



# CONSUMER COMPLAINT REPORT

State Form 14993 (R4/6-12)

Health Department

INDIANA STATE DEPARTMENT OF HEALTH  
FOOD PROTECTION PROGRAM

Ball State University Environmental Health and  
Safety Office 765-285-2825-baclidence@bsu.edu

1. <input type="checkbox"/> Bacterial			<input type="checkbox"/> Suspected Tampering			<input type="checkbox"/> Establishment		
<input type="checkbox"/> Chemical			<input type="checkbox"/> Foodborne Illness			<input type="checkbox"/> Other _____		
<input type="checkbox"/> Foreign Material			<input type="checkbox"/> Mislabeling			_____		

Date	Reported by	Phone
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Complainant	Phone (H)	Phone (Other)
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Address	City	State	Zip
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**Complaint**

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Injury/Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, symptoms
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Date/Time of meal	Date/Time of symptoms	Number exposed	Number ill
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Duration of illness	Physician/hospital	Address
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2. Establishment Name	Food involved
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Address	County	Date of visit	Time of Visit
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3. Product label	Code/expiration date
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Mfg. <input type="checkbox"/> Name Dist. <input type="checkbox"/>	Address	Pkg. size
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Place of purchase	Address
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Date of purchase	Number purchased	Number on hand
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Police/firm notified	Contact
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Additional info.

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Sample collected	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complaint taken by
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