CONSUMER COMPLAINT FORM

Complaint Number: ____________________________
Quality Related: □ Food Safety Related: □ Unknown: □
Date: ________________ Time Reported: ________________ am □ pm □

Customer Name: ____________________________ Phone: ____________ (H) ____________ (W)
Address: __________________________________ City: ______________________
State/Province: ______________________________ Zip Code: ____________________
Email: ______________________________________

Product Consumed:
Product Name: ________________________________ Size: ______________________
Code on Package: ______________________________ UPC: ______________________
Location Purchased: __________________________
Date Purchased: ________________ Date Consumed: ________________
How was the Product Stored? ______________________

Nature of Complaint:
Foreign Object □ Off Flavor □ Unsatisfactory Flavor □
Packaging □ Illness or Injury □ Allergic Reaction □
Other □ Specify: ______________________________
How Many People Consumed? ______ Ages? __________________________
Symptoms/Additional Problem Information: ________________________________

Has the customer:
Seen a Doctor YES □ NO □ Details: ______________________________
Spoken to Public Health (local Health Unit) YES □ NO □ Details: ______________________________
Gone to the Hospital YES □ NO □ Details: ______________________________
Contacted Regulatory Agency YES □ NO □ Details: ______________________________

Complaint Received By:
__________________________________________
SIGN ______________________________ PRINT NAME ______________________________
DATE ______________________________

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