Lawrence County Health Department
105 W. North St.
Mt. Vernon, MO 65712
FOOD PRODUCT COMPLAINT INFORMATION

Lawrence County
HEALTH DEPARTMENT

DATE OF COMPLAINT

(Month/Day/Year):

SOURCE OF COMPLAINT

☐ CONSUMER ☐ EMPLOYEE ☐ FEDERAL

☐ LOCAL ☐ STATE ☐ OTHER

COMPLAINTANT IDENTIFICATION

NAME

PHONE NUMBER
( )

☐ ANONYMOUS

COMPLAINT OR INJURY

TYPE OF COMPLAINT	DESCRIPTION OF COMPLAINT
☐ FOOD PRODUCT (Fill out "Product Labeling" and "Preparer, Manufacturer/Distributer of Product") ☐ FOOD SERVICE ESTABLISHMENT (Fill out "Preparer, Manufacturer/Distributor of Product")	

INJURY OR ILLNESS RESULTED

☐ YES ☐ NO

SYMPTOMS

☐ VOMITING	Onset date/time	☐ SKIN/EYE IRR	Onset date/time	☐ HEADACHE	Onset date/time
☐ FEVER ____°F	Onset date/time	☐ NAUSEA	Onset date/time	☐ CHILLS	Onset date/time
☐ ABD. CRAMPS	Onset date/time	☐ DIARRHEA	Onset date/time	☐ OTHER	Onset date/time

TIME PRODUCT USED/CONSUMED	HOSPITILATION REQURIED
	☐ YES ☐ NO (If "yes" give hospital name, address, phone number and dates)

PHYSICIAN CONSULTED

☐ YES ☐ NO
(If "yes" give name, address and phone number)

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PRODUCT LABELING

PRODUCT NAME	SIZE AND TYPE OF PACKAGE	DATE PURCHASED
PACKAGE CODE/SERIEAL NUM. ETC.	PRODUCT USED (IF “YES” ENTER DATE) ☐ YES ☐ NO	UNOPENDED PRODUCT AVAILABLE ☐ YES ☐ NO

PREPARER/MANUFACTUER/DISTRIBUTOR OF PRODUCT

NAME AND LOCATION OF FIRM

INCLUDE PHONE NUMBER IF AVAILABLE

REMARKS

NAME AND TITLE/EPHS NUMBER	AGENCY NAME AND PHONE NUMBER	DATE