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

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

☐ FOOD PRODUCT
(Fill out "Product Labeling" and "Preparer, Manufacturer/Distributer of Product")

☐ FOOD SERVICE ESTABLISHMENT
(Fill out "Preparer, Manufacturer/Distributor of Product")

DESCRIPTION OF COMPLAINT

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

HOSPITALIZATION 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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Lawrence County HEALTH DEPARTMENT

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