



Food Complaint Investigation Assessment Form

SECTION 1: Alleged Food Poisoning Complaint

1a: Complainant Details:

Name:

Date:

Time:

Address:

Contact Number:

1b: Alleged Food Poisoning Questionnaire

What food did you consume?

Where did you purchase the food?

When did you purchase the food?

Did you consume the food immediately after purchase? Y/N

What time did you consume the food?

When did your symptoms start? (Date/Time)

What were/are your symptoms? Diarrhoea Vomiting Abdominal pain Fever Blood in stool
Other

How long did/has it lasted?

Did you have any concerns with the food when you consumed it? Cold Odd Smell Slimy Other

Did you seek medical attention and if so did he/she test stool or bloods? If YES, what were the results? If NO, advise to see doctor Y/N

Were you with anyone and if so did they consume the same food as you and did they exhibit the same symptoms? Y/N

Have you contacted the food business? If YES, what was the response? Y/N

Can you think of anything else that you may have consumed in a 2 day period that might be of concern?

Has any member of your family or people you are living with been sick with the same or similar symptoms since? Y/N

Other Additional Information

Statement received by _____

Authorised Officer for the Mount Barker District Council.

Signature _____ Date ____/____/____ Time: _____am/pm.

SECTION 2: Alleged Unsuitable Food

2a: Complainant Details:

Name:

Date:

Time:

Address:

Contact Number:

2b: Unsuitable Food Questionnaire

What food product did you purchase?

Please describe what concern you have with your food product?

Where did you purchase the product?

When did you purchase the product?

When did you open the product?

When did you first notice the issue? (Date/Time)

Do you still have the product and receipt? If so can you tell me the batch code? Manufacturer/Retailer details e.g. phone number and address

Have you contacted the place in which you purchased the product? If YES what did they say?

Did you consume any of the product? (If Yes) Did this have any effect on you Y/N

Other Additional Information

Statement received by _____

Authorised Officer for the Mount Barker District Council.

Signature _____ Date ____/____/____ Time: _____ am/pm.

SECTION 3: Statement of Complainant Regarding Contaminated Food

Statement of Complainant

I _____
(full name)

of _____
(full address and postcode)

Occupation _____ Telephone _____

hereby state that on the _____ at approximately _____ am/pm
(Date) (Time)

whilst at _____

did select and purchase _____

and paid \$ _____ to _____

Witness (if any) _____
(Name)

(Address)

State briefly and concisely, events of circumstances leading to the cause of complaint including details of what is wrong with the food.

If required, I am / am not prepared to appear and give evidence as a witness in a court of law, or inquiry as to the truth of this statement and complaint.

Signature _____ Date ____/____/____ Time: _____ am/pm.

Statement received by _____

Authorised Officer for the Mount Barker District Council.

Signature _____ Date ____/____/____ Time: _____ am/pm.