

Alleged Food Poisoning Report Form

Name of employee completing the form					
Job role					
Date complaint was first received					
Time complaint was first received					
Method of reporting, i.e. in person, email, telephone call, letter					
About the person making the complaint	Title: First name: Surname: Address: Tel number: Email address:				
Any other details with reference to the person involved, e.g. are they in an 'at risk group', i.e. young, elderly, pregnant, immunocompromised?					
Detail what was consumed? (Include all food and beverage items consumed on site, if possible attach a copy of the receipt/order.)					
When did they consume the food?	Date			Time	
Details of symptoms	Symptom	Started		Ended	
		Date	Time	Date	Time
	Vomiting				
	Diarrhoea				
	Abdominal pain				
	Nausea				
	Fever				
	Other (describe)				

How many other people were in the party?				
Did anyone else in the party experience similar symptoms? If so complete and attach a separate form for each person who was ill	Yes	No		
Have any other family members, colleagues or friends experienced similar symptoms? If yes, provide further details	Yes	No		
Have they visited the Doctor?	Yes	No		
If they have seen the doctor, detail if any further information was provided with regards to this visit.				
Have you recommended that they see a doctor? (A doctor can take faecal samples to send away to be tested for specific micro-organisms)	Yes	No		
Have they reported their illness to the Environmental Health Officer?	Yes	No		
Details of the Environmental Health Officer	Name: Council: Address: Tel Number: Email Address: When were they contacted:			
Any additional information:				