SHIRE OF YILGARN

FOOD ACT 2008

FOOD COMPLAINT FORM

Complainant Details

Name:……..

Residential Address:……..

……

Phone:…… Mob:……..

Email:……

Details of Complaint

Description of your complaint:……

……

……

Place of Purchase:

Business Name:……..

Business Address:……

Was the food consumed at the premise? ☐ Yes ☐ No
Was the food taken home and eaten immediately? ☐ Yes ☐ No
Was the food cooked at home prior to consuming? ☐ Yes ☐ No

Description of Suspected Food:……

……

If the food was packaged please provide the following:

Brand…….. Batch No:……

Use-By-Date / Best Before Date / Manufactured On Date:……
(Cross out non-preferred options)

Storage Conditions at Home:……

Do you still have the product or package? ☐ Yes ☐ No

If you still have the product, please place in refridgerator below 5^0C and avoid excessive handling of the product.

Did you experience any illness? ☐ Yes ☐ No If yes, please complete second page

I confirm the above is true and accurate:

Signed…… Dated:……..

Food Poisoning

If you belive the product caused food poisoning, please complete the following.

Date and time of consuming suspected food:……

Symptoms: *select all that apply*

□ Nausea Onset Time:…… Finish Time:……

□ Vomitting Onset Time:…… Finish Time:……

□ Cramps Onset Time:…… Finish Time:……

□ Diarrhoea Onset Time:…… Finish Time:……

□ Fever Onset Time:…… Finish Time:……

□ Aching Muscles Onset Time:…… Finish Time:……

□ Other…… Onset Time:…… Finish Time:……

□ Other…….. Onset Time:…… Finish Time:……

The last meal someone ate prior to falling ill is often blamed for the illness, however onset times for foodborne illnesses can vary from 1 hour to 5 days depending on the type of poisoning that has occurred. As such it is important to consider food eaten over the previous week. Whilst often hard to do, it is important that you provide as much accurate information as possible in regards to foods consumed.

	Day of Ilness	1 Day Prior	2 Days Prior	3 Days Prior	4 Days Prior
Breakfast					
Lunch					
Dinner					
Snacks					

Treatment:

Did you visit a doctor: □ Yes □ No

If yes, did you provide a stool sample: □ Yes □ No

If yes, what where the results……..

Have other persons also experienced Illness? □ Yes □ No If yes, how many……

Any persons experiencing the same syptoms are requested to complete a separate form.

If you haven't seen a doctor, it is recommened you do so as soon as possible.