TENNESSEE DEPARTMENT OF AGRICULTURE

FOOD & DAIRY | **CONSUMER & INDUSTRY SERVICES**

CONSUMER COMPLAINT

DATE REPORTING COMPLAINT: _____

PURCHASED WHERE: _____

ADDRESS: _____

CITY: _____ **ZIP** _____

COUNTY: _____

PHONE: _____

COMPLAINANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** ____ **ZIP:**_____

EMAIL: _____

PHONE: _____

CONSUMPTION DATE: _____ **TIME:**_____

SYMPTOM ONSET DATE: _____ **TIME:** _____

SYMPTOMS (CHECK ALL THAT APPLY):

☐ **NAUSEA;** ☐ **ABDOMINAL CRAMPS;** ☐ **FEVER;**

☐ **VOMITING;** ☐ **HEADACHE;** ☐ **BODY ACHES;**

☐ **DIARRHEA;** ☐ **BLOODY STOOLS;** ☐ **DIZZINESS;**

☐ **OTHER** _____

PROBLEM PRODUCT:_____

PURCHASED DATE: _____ **TIME:** _____

BRAND NAME: _____

NAME OF MANUFACTURER:

_____

ADDRESS OR PHONE # ON PACKAGE: _____

_____

MANUFACTURER/DISTRIBUTOR NOTIFIED: Select One

LOT # _____

EXPIRATION DATE OR BEST USE BY DATE:

_____

TYPE OF PRODUCT CONSUMED? (Check applicable item)

☐ **CANNED OR BOTTLED;**
☐ **DELI ITEM;**
☐ **DRY;**
☐ **FRESH;**
☐ **FROZEN;**
☐ **REFRIGERATED;**
☐ **MENU ITEM (PREPARED UPON ORDERING)**
☐ **OTHER** _____

SYMPTOMS ONGOING: Select One ; **MEDICAL ATTENTION REQUIRED:** Select One ; **NUMBER OF PEOPLE SICK:** _____ ;

PROBLEM/COMPLAINT :

_____

_____

_____

_____

_____

Supervisor Notified: _____ **Date Notified:** _____

Inspector Notified: _____ **Date Notified:** _____

Other Agency Referred to: _____ **Date Referred:** _____

PO Box 40627, Nashville, TN 37204; Ph (615) 837-5193; Fax (615) 837-5005; Complaints.Food@TN.gov