



Foodborne Illness Report

Report Taken by:	Date:	Time:
Customer Information		
Name:		
Address:		
Telephone		
Home:	Work:	Cell:
Illness Complaint Details		
When did the customer eat at the restaurant?	Date:	Time:
What menu items did the customer eat?*		
Were there other people in the customer's party?		
If yes, did any people in the party eat the same menu items as the customer?		
Is anyone else in the party ill?		
When did the customer's symptoms appear?	Date:	Time:
Did the customer see a doctor?		
Other information:		
Referral		
Has the Health Authority been contacted?	By the customer? Date:	By the restaurant? Date:
Health Authority Contact**		
Name:		
Telephone:		
Follow-up		
Has follow-up been done on this report?	Yes	No
Is the Health Authority Report attached?	Yes	No
Supervisor's Signature:	Date:	

*If any of the food that the customer ate still remains, do not serve the food and isolate it for possible inspection and testing.

**If the customer has not contacted the Health Authority, provide the customer with the Health Authority contact information.