GEORGIA DEPARTMENT OF AGRICULTURE

Gary W. Black, Commissioner www.agr.georgia.gov

MEAT INSPECTION

Food Borne Illness Consumer Complaint

Complaint Received by:

Complaint Received From:

Complainant Name:

Complainant - Address: Phone:

Subject - Address: Phone:

Subject Name:

Complaint:

Where Product was Manufactured: Firm or Est. Number:
Address:

Date Purchased: Date Consumed:

How was product stored after purchase?

Date Prepared: How was product cooked? (Fried, Broiled, etc.)

Was Meat Cooked? ☐Rare ☐Medium ☐Well Was product consumed? ☐Yes ☐No ☐Partially

Person(s) Ill: Sex: Age: Name:

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Symptoms: ☐Nausea ☐Cramps ☐Fever ☐Vomiting ☐Diarrhea ☐Double Vision ☐Other

Was the person seen by a doctor? ☐Yes ☐No If Yes, Dr.'s Name:

Address: Phone:

Onset of Illness: Time: ☐A.M. ☐P.M. Date:

Has the complainant had any type of virus prior to consuming product? ☐Yes ☐No

Disposition:

Compliance Officer: Date: