PUBLIC SAFETY & INSTITUTIONAL ASSURANCE
UNIVERSITY ENVIRONMENTAL HEALTH & SAFETY

Foodborne Illness Complaint Form

Origin of Complaint

Date Received: _________ Receiving Agency: ___________________ Call Received By: ________________________

Complainant Data

Name: ____ DOB: _____________

Phone: _______________________________ Email: ____

Previous Illness or Chronic Condition: Y N Existing Medications: Y N

Preferred Method of Communication/Comments: ____

Illness Data

Illness Onset: Date: __________ Time: ________
Illness Stopped: Date: __________ Time: ________ Illness Ongoing

Diarrhea Watery Bloody
Vomiting
Nausea
Abdominal Pain
Fever: ____ºF
Chills

Headache
Myalgia (Muscle Ache)
Dizziness
Double Vision
Jaundice
Weakness

Rash
Itching (Location): __________________
Numbness (Location): _______________
Tingling (Location): _________________
Edema (Location): __________________
Other: ____________________________

Diarrhea Onset: Date: __________ Time: ________
Diarrhea Stopped: Date: __________Time: ________ Illness Ongoing

Vomiting Onset: Date: __________ Time: ________
Vomiting Stopped: Date: __________Time: ________ Illness Ongoing

Suspect Meal Data

Date Visited: _________ Time: ______ Location: ____

Suspect Meal: ____

____

List Anything Unusual About the Meal (Temperature, Taste, Color, etc.): __________________________________

____

Clinical Data

Was a doctor or other healthcare provider visited? Y N Healthcare Facility: ______________________

Date Visited: _________ Time: ______ Admitted: Y N Length of Stay: ________ (hrs)

Physician Name: ____ Phone: __________________________

Email completed forms to IUEHS: foodsafe@iu.edu
For questions, please email foodsafe@iu.edu or call IUEHS at 812-855-2004.