

CUSTOMER COMPLAINT FORM

(Please Print)

Today's date:

ESTABLISHMENT INFORMATION

Establishment name:

Address:

Phone: ()

CUSTOMER CONTACT INFORMATION

Customer name:

Address:

Phone-day: ()

Phone-evening: ()

SUSPECT MEAL

Date eaten:

Time eaten:

AM PM

Meal:

Ingredients:

ILLNESS

Onset date:

Onset time:

AM PM

Symptoms *(check all that apply)*

Nausea

Vomiting

Diarrhea

Cramps

Fever

Other:

OTHER POSSIBLE CASES

Name:

Phone:

Ill: Yes No

Name:

Phone:

Ill: Yes No

Name:

Phone:

Ill: Yes No

Name:

Phone:

Ill: Yes No

NOTES

NON-ILLNESS COMPLAINT

As required by law, illness complaints and other major complaints must be reported to the health authority

Minnetonka Environmental Health Division

14600 Minnetonka Blvd., Minnetonka, MN 55345

Phone: (952) 939-8200

Fax: (952) 939-8244

