

Foodborne Alert Complaint Form * Connecticut Department of Public Health * Food Protection
 Program Fax to DPH FPP at: 860-706-5854 within 24 hours

Data Entry Date: _____ by: _____	Date Reported to FPP: _____ Alert _____ Outbreak _____ Source of Complaint: _____ Phone #: H: _____ W: _____ Address: _____ Relationship to ill: _____	Date Complaint Received: _____ Time Received: _____ Received by: _____ Phone #: _____ Local HD: _____ Other Agency: _____
Complaint Summary	<u>Ill Person:</u> _____ Name _____ _____ Street Address _____ _____ City/Town _____ State _____ Zip _____ _____ Home Phone _____ Work Phone _____ Sex: F M DOB: _____ Age: _____ Race: White Black Hispanic Other: _____ <u>Occupation:</u> _____ _____ City/Town _____ Works in: FSE Daycare Health Care (Patient Contact) If FSE: _____ Name _____ City/Town _____ Volunteer Food Worker: Yes No	<u>Symptoms:</u> (Number in Order of Occurrence) _____ _____ Onset Date _____ Time _____ ___ Diarrhea: Watery Mucus Bloody # Episodes in 24 hours: _____ ___ Vomiting _____ Metallic Taste ___ Nausea _____ Tingling/Burning Mouth ___ Abdominal Pain ___ Fever ___ *F _____ Blurred/Double Vision ___ Headache _____ Dizziness ___ Jaundice _____ Numbness ___ Muscle Pain _____ Rash/Flushed ___ Achy _____ Swelling ___ Retching _____ Itching ___ Prostration Other Symptoms: _____ _____ Duration: _____ _____ Hours or days
	Suspect Food(s): _____ Date/Time Consumed: _____ Location: _____ Food Purchased at: _____ Date/Time: _____ Town: _____	

THIS FORM TO BE COMPLETED BY A PUBLIC HEALTH OFFICIAL Case # _____ Case Last Name: _____

CONFIDENTIAL DOCUMENT

Other Clinical Data

Health Care Visit:

Hospital Visit:

Name of Health Care Provider and/or Hospital _____ Town _____

Date Admitted: _____ Date Released: _____

Diagnosis _____ Treatment: _____

Clinical Specimens: Fecal _____ Blood _____ Urine _____
Vomitus _____ Other _____

Antibiotics Taken? _____

Date Collected: _____

Collected By: Physician _____ Ill Person Through Local HD _____
Hospital _____ Unknown _____
Other _____

Lab Results: _____

Death: _____

Additional Environmental Data

Environmental Samples:

Complaint Food Sample _____ Comparison Food Samples _____ Environmental _____

Lab Results: _____

Primary Source of Drinking Water: City/Municipal _____ Well _____ Bottled _____

Other: _____

Sewage Disposal: Private Septic System _____ City Sewer _____ Unknown _____

Other Possible Exposures

*Seven (7) days before illness did you have exposures to the following?
Indicate Date & Place if applicable:*

Out of state travel _____

Out of country travel _____

Ill people/household members _____

Diapered kids/adults at home _____

Children attend day care _____

Visit nursing home _____

Handle livestock/poultry _____

Reptiles (snakes, lizards, turtles) _____

Visit pet store _____

Contact with birds _____

Ill pets _____

Visit farm with animals _____

Animal carcasses or excreta _____

Petting zoo _____

Recreation waters _____

Camping/hiking _____

Occupation contact w/ human excreta _____

Attend large gathering (party, fair, etc.) _____ # people _____

Other _____

◆ DAY OF ILLNESS ◆

Breakfast Date/Time: _____
Place prepared: _____
Place eaten: _____
To go: Time consumed: _____
Items consumed / Qty.

Snacks/Other _____

Lunch Date/Time: _____
Place prepared: _____
Place eaten: _____
To go: Time consumed: _____
Items consumed / Qty.

Snacks/Other _____

Dinner Date/Time: _____
Place prepared: _____
Place eaten: _____
To go: Time consumed: _____
Items consumed / Qty.

Snacks/Other _____

◆ Companions who ate same meal – **Name/Phone/Meal**

◆ DAY BEFORE ILLNESS ◆

Breakfast Date/Time: _____
Place prepared: _____
Place eaten: _____
To go: Time consumed: _____
Items consumed / Qty.

Snacks/Other _____

Lunch Date/Time: _____
Place prepared: _____
Place eaten: _____
To go: Time consumed: _____
Items consumed / Qty.

Snacks/Other _____

Dinner Date/Time: _____
Place prepared: _____
Place eaten: _____
To go: Time consumed: _____
Items consumed / Qty.

Snacks/Other _____

◆ Companions who ate same meal – **Name/Phone/Meal**

◆ TWO DAYS BEFORE ILLNESS ◆

Breakfast Date/Time: _____
Place prepared: _____
Place eaten: _____
To go: Time consumed: _____
Items consumed / Qty.

Snacks/Other _____

Lunch Date/Time: _____
Place prepared: _____
Place eaten: _____
To go: Time consumed: _____
Items consumed / Qty.

Snacks/Other _____

Dinner Date/Time: _____
Place prepared: _____
Place eaten: _____
To go: Time consumed: _____
Items consumed / Qty.

Snacks/Other _____

◆ Companions who ate same meal – **Name/Phone/Meal**

