DOH PERSONNEL THIS TOP PORTION IS CONFIDENTIAL INFORMATION - DETACH THIS SECTION BEFORE DISTRIBUTION TO NON-DOH PARTNERS

Name:	Reported By:	Age/DOB:	Sex: ☐ F ☐ M
Home Phone:	Work Phone:		
Address:	City :	State:	Zip:

☐ Check box if the caller wants someone to follow up with results of an investigation/inspection. If the complaint falls within another agency's jurisdiction, provide them with the appropriate contact information of that agency for follow-up.

Tri-Agency Foodborne Illness Survey/Complaint Form
(Complete a separate form for each person in the group who was ill)

Complaint Recorded By: _____ **Agency:** ☐ DOH ☐ DBPR ☐ DACS

Log #: _____ **Person:** _____ **of** _____ **Date:** ____/____/____ **Time:** ___:___ ☐ **am** ☐ **pm**

Facility type where suspected food/beverage bought or consumed: ☐ Grocery ☐ Restaurant ☐ Home ☐ Take Out ☐ Other:

Facility Name:	Phone:		
Address:	City:	State:	Zip:
How many were in group when food/beverage was consumed?	How many are ill?		

Food Item (s) Suspected:

When was suspect food/beverage consumed?

Date: _____/_____/_____ **Time:** _____:_____ ☐ **am** ☐ **pm**

For Product Complaints Only:	Manufacturer:_____
Date Purchased:_____	Size and package type:_____
Brand name:_____	Product codes:_____
Product name:_____	Expiration Date:_____

Were You Ill?: ☐ Yes ☐ No	Onset of illness? (When did symptoms begin?) Date: _____/_____/_____ Time: _____:_____ ☐am ☐pm		Incubation: (# hours between time ate and ill)
Duration of illness? (How long did symptoms last?)	Date: _____/_____/_____	Time: _____:_____ ☐am ☐pm	Hours: Days: ☐ Ongoing
Medical treatment obtained?	☐ Yes ☐ No If yes, name (where):		Phone:
Medications (☐ prior to or ☐ after illness)	☐ Yes ☐ No If yes, what? List:		
Clinical samples taken? (CHD may request if no samples have been taken and the ill person(s) is/are still symptomatic)	☐ Yes ☐ No If yes, check any that apply: ☐ stool ☐ blood ☐ urine ☐ vomitus	Date: _____/_____/_____ Results:	

Nausea	☐ Yes ☐ No	Abdominal Cramps	☐ Yes ☐ No	Weakness	☐ Yes ☐ No	Dizziness	☐ Yes ☐ No
Vomiting	☐ Yes ☐ No	Headache	☐ Yes ☐ No	Fatigue	☐ Yes ☐ No	Numbness	☐ Yes ☐ No
Diarrhea	☐ Yes ☐ No	Chills (hot/cold)	☐ Yes ☐ No	Sweating	☐ Yes ☐ No	Tingling	☐ Yes ☐ No
# within 24 hrs. _____ Specify type of diarrhea (check any that apply): ☐ watery ☐ mucous ☐ bloody		Fever Temp. °F	☐ Yes ☐ No	Other symptoms (list):			

Complaint Referred to Agency: ☐ DOH ☐ DBPR ☐ DACS ☐ Other: _____

Date: _____/_____/_____ **Time:** _____:_____ ☐ **am** ☐ **pm**

DBPR/DACS Reference #: _____

Disposition (DOH): ☐ **Request Joint Investigation** ☐ **Log for Surveillance – No Further Epi Investigation Required**

Source of Complaint (DOH): ☐ **Phone** ☐ **Online Form** ☐ **FPICN** ☐ **Agency of Jurisdiction** ☐ **Medical Provider** ☐ **Lab** ☐ **Other (specify):** _____

Log #:_____ Person: _____ of _____

Epidemiological Exposure History (FOR DOH PURPOSES ONLY)

Household member ill w/ similar symptoms (Last 2 weeks)? ☐ Yes ☐ No **How many?** _____ If yes, fill out separate forms If yes: ☐ Same time ☐ Before ☐ After Date:____/____/_____ Time:___:___☐ am ☐ pm		
Others (friends, co-workers) ill w/ similar symptoms: ☐ Yes ☐ No (**Last 2 weeks**)	**Exposure to a diaper-aged child or incontinent adult:** ☐ Yes ☐ No (**Last 2 weeks**)	
Occupation: Where: _____	**Travel (Last 2 weeks):** ☐ Yes ☐ No Depart:_____/_____/_____ Return: _____/_____/_____ Where:_____ Means: _____	
Recreational Water Exposure (Last 2 weeks): ☐ Beach ☐ Pool/Spa ☐ Interactive Fountain ☐ Lake/River ☐ Reused Explain: : _____	**Drinking Water Exposure (Last 2 weeks):** ☐ Public ☐Private well ☐ Bottled Explain: : _____	
Sewage Disposal Type: Municipal sewer ☐ Septic tank system ☐	**Animal/Pet Exposure (Last 2 weeks) :** ☐ Yes ☐ No If yes list: _____	**Gatherings/Events/Parties (Last 2 weeks):** ☐ Yes ☐ No If Yes, Explain: _____

72-Hour Food/Beverage History – (FOR DOH PURPOSES ONLY)
(Begin day of illness and work back two days)

Are there any leftovers of the suspected food/beverage? ☐ **Yes** ☐ **No**

	Breakfast / Time	Snack / Time	Lunch / Time	Snack / Time	Dinner / Time	Snack/Time
Day of Illness onset 24 hrs. Date: __/__/__ Location:	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm
1 day prior to illness 48 hrs. Date: __/__/__ Location:	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm
2 days prior to illness 72 Hrs. Date: __/__/__ Location:	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm	**No recall** ☐ **None eaten** ☐ _____☐am ☐pm

Next Steps for DOH (Is Complaint outbreak related?) Yes ☐ No ☐

☐ Schedule date/time for joint environmental investigation with appropriate regulatory agency. Notify REE.
☐ Obtain list of all attendees who consumed the food or attended the event.
☐ Obtain food/beverage consumed for both ill and well
☐ Obtain complete menu listing of food/beverage items prepared, consumed or served (Dine-in/Take-Out/Daily Specials/Etc.)
☐ Follow-up with medical provider to determine if there is a diagnosis.
☐ Obtain stool specimens from ill person(s), if possible.