

Food Complaint/Illness Report Form

Instructions & Information

Instructions for Completing the Food Complaint / Illness Report Form

A. General Information: Regardless of the caller's complaint, this section should be completed as fully as possible. Caller contact information is especially critical.* If the caller is only making a food quality complaint, i.e. insect infestation, bad taste, etc. **STOP HERE.**

B. Illness Report: This section should **ONLY** be completed if the caller mentions being made sick by the product in question. **Do not ask the caller if they were made sick.** If that information is offered, proceed with taking down as much of the requested information as possible. *When reporting an illness, please remember to record the information in Part A as well.* **Note:** Do not suggest symptoms to the caller, allow them to describe their symptoms and record them on the form as they are mentioned.

C. Other Information: Record any other pertinent information here.

** The caller may wish to remain anonymous. In this case, be sure to inform them that their call is important and will be investigated, but that OFB will be unable to follow up with them personally unless they leave contact information.*

GIVE A COPY OF THE FORM IMMEDIATELY TO YOUR APPROPRIATE RFB STAFF PERSON & SEND THE ORIGINAL TO OFB'S OPERATIONS MANAGER.

How to Handle a Complaint Call

Usually, making a good first impression on the telephone is not an issue, since we all try to represent our organizations and the Network in a professional manner. However, handling a call from someone making a complaint can sometimes be a challenge to patience and politeness. If the caller is upset or irate, remember your first defense is to remain calm and courteous.

The goal of the Food Complaint/Illness Report Form is to give you the structure necessary to allow for a smooth conversation when dealing with a complaint call. The most important questions have been incorporated into the form in order to allow you the freedom to concentrate on being respectful and attentive to the concerns of the caller. The three most important things to remember when taking a food complaint call are:

- **Refrain from apologizing or taking responsibility for the source of the caller's complaint, as this can be construed as an admission of liability. This is the reason for the form and follow-up investigations.**
- **Remember to tell callers their call is appreciated, and their concerns have been noted and will be referred to the appropriate person.**
- **At the end of the call, inform the caller to expect a follow-up to the complaint within 5 working days.**

Food Complaint / Illness Report Form

FOR INTERNAL USE ONLY

Note: Refer food complaint calls to your Agency Relations Department or Food Program Manager. Remember to refrain from apologies or statements that could be construed as admission of liability.

Your name:

Date & Time:

Phone:

Please fill in as much information as possible.

A. General Information

Name of person making the complaint:

Phone number:

Best time to contact:

Briefly describe the nature of the complaint:

Was the product received as Emergency Food?

☐ Yes

☐ No

Description of the product (Brand name, packaging, fresh, shelf stable, etc.):

Where was the product received? (Agency name, phone number, city):

When was it received? (Date and time):

When was the problem noticed?

How had the food been stored?

For how long?

Is the product available for inspection? ☐ Yes ☐ No

Is the product dated? ☐ Use-by ☐ Sell-by
Date:

END if no illness is associated with the complaint.

If someone was made sick, continue with the following questions:

B. Illness Report

Who was made sick? (Name and relationship to the person making the complaint):

Describe the symptoms (*Do not suggest any symptoms – mark ONLY IF they are mentioned*):

☐ Vomiting ☐ Nausea ☐ Diarrhea ☐ Fever ☐ Skin or Eye Irritation
☐ Headache ☐ Other (Please specify):

How long after consuming the food did the person become sick?

Was medical attention sought? ☐ Yes ☐ No

If yes, name and telephone number of the health care professional:

Any test results? ☐ Yes ☐ No

Specify:

Was hospitalization necessary? ☐ Yes ☐ No

If yes, please give the name and telephone number of the hospital or clinic:

Any test results? ☐ Yes ☐ No

Specify:

Has the source of the illness been positively identified? ☐ Yes ☐ No

Who made the identification? (Health professional, etc.):

Suspected Source:

C. Other Comments:

Return form immediately to your appropriate RFB staff person AND Operations Manager at OFB

Oregon Food Bank
PO Box 55370
Portland, OR 97238
whennerty@oregonfoodbank.org

For Oregon Food Bank Office Use Only

Received Date: _____

Conclusion / Action Taken: