



*VIRGINIA DEPARTMENT
OF AGRICULTURE AND
CONSUMER SERVICES*

Food Safety Program
PO Box 1163
Richmond, VA 23218
804-786-3520

Complaint Form

Complaint Information

Firm Name:

Firm Address:

Firm ID:

Date Complaint Received:

Time Complaint Received:

Received By: Choose an item.

Received From: Choose an item. **Receipt Method:** Choose an item.

Complaint Type:

- | | | | |
|------------------------|--------------------------|-----------------------|--------------------------|
| Adulteration | <input type="checkbox"/> | Animals | <input type="checkbox"/> |
| Cross Contamination | <input type="checkbox"/> | Deceptive Advertising | <input type="checkbox"/> |
| Employee Practices | <input type="checkbox"/> | Foreign Objects | <input type="checkbox"/> |
| Illness Confirmed | <input type="checkbox"/> | Illness Unconfirmed | <input type="checkbox"/> |
| Improper Cooking | <input type="checkbox"/> | Improper Temperatures | <input type="checkbox"/> |
| Insect Infestation | <input type="checkbox"/> | Insects in Food | <input type="checkbox"/> |
| Misbranding | <input type="checkbox"/> | Mobile Food | <input type="checkbox"/> |
| Organoleptic | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Out of Date | <input type="checkbox"/> | Plumbing | <input type="checkbox"/> |
| Restrooms | <input type="checkbox"/> | Rodents | <input type="checkbox"/> |
| Sanitation - Equipment | <input type="checkbox"/> | Sanitation - General | <input type="checkbox"/> |
| Tampering | <input type="checkbox"/> | Unapproved Source | <input type="checkbox"/> |

Assigned to: Choose an item.

Investigate Within: Choose an item.

Complainant Information

Anonymous:	<input type="checkbox"/>
Name of Complainant:	
Address of Complainant (if applicable for Service Samples) :	
Phone Number of Complainant:	Email Address for Complainant:

Complaint Details

Nature of Complaint:

Product Category: Choose an item.

Specific Product:

Date Product Purchased:

Container Type: Choose an item.

Container Size:

Package/Container Code:

Manufacturer Name:

Manufacturer Address:

Complaint Location (if complaint not associated with a firm)

Address:

Directions to property:

Investigation Details (to be completed by inspector)

Investigated By: Choose an item.

Investigation Date:

Activity: Choose an item.

Sample Taken: Choose an item.

If YES, Sample Number:

Investigation Notes:

Were complaint records at the firm reviewed? Choose an item.

If no complaint records were reviewed, why not?

Time Spent (hours):

Confirmed Valid: Choose an item.

Complaint Status: Choose an item.

If Referred, state to whom the complaint was referred to: