

FOOD BORNE ILLNESS REPORT

If Foreign Object Involved – call QA @ 800-767-5147, provide item #, supplier ID, manufacturer code & exp .date of all products involved.

Name (First, MI, Last) of Injured/Ill Customer		Home Address: _____ _____	
		Home Phone #: _____	Work Phone #: _____
Date of Birth: _____	Social Security #: _____	FYI Incident? YES or NO	
EXPLORE: Describe the complaint: Manager: _____ _____ _____ Customer: _____ _____ Describe symptoms: _____ _____ When did claimant first feel ill: _____ Menu item blamed for complaint: _____ Supplier of blamed menu item: _____ Other menu items consumed: _____ Did anyone else eat with claimant? (friends, relatives): _____ Did they become ill / Describe time ill and symptoms: _____ _____ When did claimant last eat prior to Taco Bell? _____ Where? _____ What was eaten? _____			
ANALYZE: Similar complaints reported: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain: _____ _____ Describe claimants' attitude: _____			
RESPOND: Reported immediately: <input type="checkbox"/> YES <input type="checkbox"/> NO Action taken to prevent further complaints: _____ _____			
Has claimant seen a doctor? <input type="checkbox"/> YES <input type="checkbox"/> NO Doctor's Name: _____ Phone Number: _____ Action taken: _____			