



Name of Food Service		Date	
Name of Person Making Report		Title	
Person Finding Object <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor	Name		Phone
	Address		
Description of Complaint/Food Involved			
Is foodborne illness suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there injury or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Food in question was <input type="checkbox"/> not processed in kitchen <input type="checkbox"/> partially processed in kitchen <input type="checkbox"/> made from basic ingredients in kitchen	
Labeling Information <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Enclose label if possible </div>	Establishment # (Plant # - see USDA seal on label or box)		
	Brand (exactly as labeled)		
	Size/ Weight	Code/Lot	Date Delivered
	Vendor Name		
	Vendor Address		
Was object saved? <input type="checkbox"/> Yes <input type="checkbox"/> No	ATTACH OBJECT HERE		

PLEASE MAIL COMPLETED FORM TO THE ABOVE ADDRESS

DO NOT WRITE BELOW THIS LINE

Letters written to:
 FDA
 USDA
 WSDA
 Manufacturer
 Distributor
 Purchasing
 Specimen sent to lab
 Local Health
 State Health

Other action taken, if any. Specify.