

Santa Clara County – Senior Nutrition Program
FOODBORNE ILLNESS COMPLAINT FORM



Site: _____ **Catered** ____ **Cook-on-Site** ____

Person Reporting: _____

Date of First Report to Senior Nutrition: _____

Complaint:

Date of Incident: _____

Menu on day of foodborne illness incident:

If catered, where from?

Time of Food Delivery: _____

What steps were taken after delivery of food to ensure safe temperature?

Time of meal service on day of foodborne illness incident:

How much food was prepared or ordered? _____



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How many servings served? _____

Are there leftovers in the freezer? _____

Who was (were) the food server/volunteer(s)?

Did any of them have any communicable illness that day?

____ Yes ____ No

Temperatures recorded at food delivery:

Food server's recall of any unusual appearance, smell, etc. of food served on day of foodborne illness:

Questionable food handling practices of food server or volunteer(s):

Date of last Safe Food Handling in-service training:

Date of last Safe Food Handling talk or presentation at site:
