Customer food complaint form



| Contact det | tails | | | | | | | | | |
|--|---------------|--------------|------------------|-------|---|----------------------------------|-----------------|---------|-------|-------|
| Title | Mr 🗆 | Mrs 🗌 M | liss 🗌 Ms 🔲 D |)r 🔲 | Nar | me | | | | |
| Residential address | | | | • | | | | | | |
| Postal addres | SS | | | | | | | | | |
| Telephone | | | | | Mol | bile | | - | | |
| Email | | | | • | | | | | | |
| Type of com | plaint | | | | | | | | | |
| | | | | | | | | | | |
| ☐ Foodborne illness* | | | | | ☐ Composition or quality of food | | | | | |
| ☐ Food-related injury | | | | | ☐ Deteriorated or damaged product | | | | | |
| ☐ Chemical contamination | | | | | ☐ Foreign matter in food | | | | | |
| ☐ Labelling and advertising | | | | | ☐ Food packaging | | | | | |
| ☐ Food safety practices in a State government facility | | | | | ☐ State government facility food premises | | | | | |
| ☐ Auditor | | | | | ☐ Food business food safety program | | | | | |
| ☐ Other (ple | ase describ | e) | | | | | | | | |
| *Foodborne il | llness detail | s (if applic | able) | | | | | | | |
| Date & time of purchase / /am/pm Date | | | | | | e & time of consumption / /am/pm | | | | |
| Date & time s began | symptoms | / / | am/pm | Date | & tiı | me s | symptoms ceased | / / | | am/pm |
| | Nausea | ☐ Stoma | ach cramps | | | | /omiting | ☐ Diarr | rhoea | |
| Symptoms - | Fever | ☐ Other | · (please descri | be) | | | | | | |
| Complaint d | etails (inclu | ıde as mu | uch detail as p | ossib | le) | | | | | |
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| Food product description (if applicable) | | | | | | | | | |
|---|--|------------|---|-------------|-------|----|--|--|--|
| Brand | | | Product name | | | | | | |
| Type of food | | | Package type e.g. glass jar, plastic to food. | ed | | | | | |
| Pack size | | Date Mark | ☐ Use By ☐ I | Best Before | 1 1 | | | | |
| Is a food sample available? | | ☐ Yes ☐ No | Proof of purchase (if applicable) | | Yes 🗌 | No | | | |
| Food business details | | | | | | | | | |
| Name of business | | | | | | | | | |
| Address | | | | | | | | | |
| Type of business e.g. restaurant, takeaway shop, caterer, supermarket. | | | | | | | | | |
| 8. Privacy statement | | | | | | | | | |
| To protect your privacy, Get It Delivery, LLC staff follows nine privacy principles. The principles deal with how we collect and handle your personal information. They are set out in the <i>Information Privacy Act</i> 2009. | | | | | | | | | |
| Get It Delivery, LLC will not disclose personal information provided in this form to any external parties without the permission of the person. An exception to this exists if Get It Delivery, LLC believes that reasonable grounds exist that use of the information is necessary to lessen or prevent a serious threat to public health or safety. | | | | | | | | | |
| I declare that the information I have provided above is true and correct. | | | | | | | | | |
| Signature | | | | Date | | | | | |

Please return the completed form to Get It Delivery, LLC. Contact details can be found at www.getitdeliverytulsa.com or you may fax it to 918-986-7738.