



It's all about managing food.

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CONSUMER COMPLAINT FORM

Complaint Number: _____

Quality Related: [] Food Safety Related: [] Unknown: []

Date: _____ Time Reported: _____ am [] pm []

Customer Name: _____ Phone: _____(H) _____(W)

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Email: _____

Product Consumed:

Product Name: _____ Size: _____

Code on Package: _____ UPC: _____

Location Purchased: _____

Date Purchased: _____ Date Consumed: _____

How was the Product Stored? _____

Nature of Complaint:

Foreign Object [] Off Flavor [] Unsatisfactory Flavor []

Packaging [] Illness or Injury [] Allergic Reaction []

Other [] Specify: _____

How Many People Consumed? _____ Ages? _____

Symptoms/Additional Problem Information: _____

Has the customer:

Seen a Doctor YES [] NO [] Details: _____

Spoken to Public Health YES [] NO [] Details: _____
(local Health Unit)

Gone to the Hospital YES [] NO [] Details: _____

Contacted Regulatory Agency YES [] NO [] Details: _____

Complaint Received By:

SIGN

PRINT NAME

DATE