

 <p>SMALL SCALE FOOD PROCESSOR ASSOCIATION</p> <p>SUPPORTS INDEPENDENT FOOD PROCESSORS &amp; GROWERS</p>	<p>Document No: HUB.R.REC.99 Effective Date: 01-August 2022 Revision Date: New</p>
<p><b>CUSTOMER COMPLAINT FORM</b></p>	<p>Revised By: NRoss Approved By: MDaskis Reason for Revision: New</p>

## CONSUMER COMPLAINT INVESTIGATION REPORT FORM

Investigation #: \_\_\_\_\_

Date complaint received: \_\_\_\_\_ Received by: \_\_\_\_\_

Method of receipt of complaint: (circle) Telephone Fax Email Letter(Mail)

Record name of person who submitted the complaint: \_\_\_\_\_

Phone number/ fax/ email: \_\_\_\_\_

Name of person who was affected by incident, if not person who submitted the complaint: (include phone and address)

\_\_\_\_\_

Product Name: \_\_\_\_\_ Brand: \_\_\_\_\_

Size of package: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Date of incident: \_\_\_\_\_ UPC of package: \_\_\_\_\_

Place of purchase: \_\_\_\_\_ Date of purchase (approx if not known) \_\_\_\_\_

Nature of complaint: (circle) Illness Foreign Material Allergic reaction Preference like/not like

Describe the particulars of the problem from the complainant:

\_\_\_\_\_  
\_\_\_\_\_

Where and how was the product stored? \_\_\_\_\_

How long was it stored prior to consumption: \_\_\_\_\_ Was this product consumed by others? \_\_\_\_\_

If yes, who and ages? And did they have the same reaction? \_\_\_\_\_

Was an emergency personnel /attendant called for treatment? Who and when? \_\_\_\_\_

\_\_\_\_\_

What was the outcome / response or recommendation from the attendant or physician? \_\_\_\_\_

\_\_\_\_\_

Was the environmental health officer or CFIA representative contacted? When and who? \_\_\_\_\_

\_\_\_\_\_

**Attach a separate sheet if and as further information is obtained or derived.**