Appendix H: Record of Complaint and Investigation

1) **Record of Complaint and Investigation Form (DFS – 216)**

2) **Example of Record of Complaint and Investigation Form (DFS-216)**

RECORD OF COMPLAINT AND INVESTIGATION

Form DFS-216

DFS-216(4-95)

CABINET FOR HUMAN RESOURCES
KENTUCKY DEPARTMENT FOR HEALTH SERVICES
Frankfort, KY 40621-0001

RECORD OF COMPLAINT AND INVESTIGATION

Est./Permit No. | Health Authority | Sanitarian Code | Action Code | County

FORM OF COMPLAINT	❑ Telephone ❑ Letter ❑ Visit	**DATE OF COMPLAINT (Month/Day/Year)**	
SOURCE OF COMPLAINT	❑ Consumer ❑ Other Governmental Agency ❑ Trade/Industry		
COMPLAINT IDENTIFICATION	Name and Address (Include ZIP Code)	Telephone Number: ( )	
COMPLAINT OR INJURY	Description of Complaint/Injury		
PRODUCT AND LABELING	Product Name / Name and Location of Store Where Purchased	Date Purchased	
	Package Code	Product Used (If Yes, Enter Date) No ❑ Yes ❑	Amount Remaining
MANUFACTURER/ DISTRIBUTOR OF PRODUCT	Name and Address (Include ZIP Code)		
INJURY OR ILLNESS RESULTED NO _____ YES _____ [If YES, complete items (a) through (c)]	a. Type Symptoms - List by number first to last ____Nausea ____Prostration ____Vomiting ____Paralysis ____Diarrhea ____Other, ____Fever (____ °F) (explain)	b. Attending Physician _____No _____Yes (If yes, give name/address/phone #)	c. Hospitalization Required _____ No _____ Yes (If yes, give name/ address/phone #)

How long after consuming the product did these symptoms occur? _____minutes/hours
List in detail all other products (food, drink, medicine) consumed during the 36 hour period before onset of illness:

Was medical aid obtained concerning this illness? _____Yes _____ No; Date and time medical aid was obtained: _____
What was the attending physician's diagnosis? _____

Other agency responsible: _____ Yes _____No; Referred to other agency _____ Yes _____ No
Name and Address of Agency _____

Complaint investigation and action taken: _____

Investigator (Name and Title) _____ Date _____

Example of Record of Complaint and Investigation Form

DFS-216(4-95)

CABINET FOR HUMAN RESOURCES
KENTUCKY DEPARTMENT FOR HEALTH SERVICES
Frankfort, KY 40621-0001

RECORD OF COMPLAINT AND INVESTIGATION

5678911	ANYwhere	0-1000	03	ANYwhere
Est./Permit No.	Health Authority	Sanitarian Code	Action Code	County

FORM OF COMPLAINT	☒ Telephone ☐ Letter ☐ Visit	DATE OF COMPLAINT (Month/Day/Year) 2-27-06
SOURCE OF COMPLAINT	☒ Consumer ☐ Other Governmental Agency ☐ Trade/Industry	
COMPLAINT IDENTIFICATION	Name and Address (Include ZIP Code) Larry Perry 24 South Ferry street Merry, KY 41234	Telephone Number: (653)247-9753
COMPLAINT OR INJURY	Description of Complaint/Injury Mold found in Smiths Yogurt	
PRODUCT AND LABELING	Product Name: Good Yogurt Name and Location of Store Where Purchased: FOOD KING Grocery Package Code: Aug15_07L109/E Product Used (If Yes, Enter Date): No ☒ Yes ☐	Date Purchased: 2-26-06 Amount Remaining: 8 oz
MANUFACTURER/ DISTRIBUTOR OF PRODUCT	Name and Address (Include ZIP Code) Good Yogurt 100 Creamy Lane St Louis, MO 61812	

INJURY OR ILLNESS RESULTED	a. Type Symptoms - List by number first to last	b. Attending Physician	c. Hospitalization Required
(NO) ✓ YES _____ [If YES, complete items (a) through (c)]	___Nausea ___Prostration ___Vomiting ___Paralysis ___Diarrhea ___Other, ___Fever (___°F) (explain)	___No ___Yes (If yes, give name/address/phone #)	___ No ___ Yes (If yes, give name/ address/phone #)

How long after consuming the product did these symptoms occur? _____ minutes/hours
List in detail all other products (food, drink, medicine) consumed during the 36 hour period before onset of illness:

Was medical aid obtained concerning this illness? ___Yes (No;) Date and time medical aid was obtained: _____
What was the attending physician's diagnosis? _____

Other agency responsible: (Yes) No; Referred to other agency (Yes) No
Name and Address of Agency FDA

Complaint investigation and action taken: Contacted KY Food Safety Branch for Follow up on 2/27/06. They recommended samples be collected and sent to the State Lab in Frankfort. An original sample and a control sample was collected and sent to the State Lab.

Investigator (Name and Title) Mike Hodges Heath Environmentalist Date 2-27-06

Kentucky