

Date		Ref No: (Office Use Only)	
Complainants Name			
Complainants Address			
Postcode		Tel No	
Description of Food			
Date Code		Lot Code	
Nature of Complaint			
Where Purchased (Name and address of premises)			
Date and time of purchase		Price Paid (Attach receipt if available)	
Have you any connection with vendor/manufacturer/distributor (e.g. previous employee)?			
Where has product been stored since purchase?			
When was contamination discovered?			
How was contamination discovered?			
Any treatment given to the food at home?			
How stored since discovery?			
Person receiving complaint		Time	

FOR COMPLETION BY THE COMPLAINANT

PLEASE TICK THE RELEVANT BOXES

Yes	On completion of the investigation, I am prepared to allow my name and address to be disclosed to the vendor/manufacture	No
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Yes <i>(please see the box below)</i>	I am willing to give evidence in court	No
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I understand that it may be necessary to divulge my name and address to any person who may be prosecuted as a result of my complaint
(Yes - please see the box below)

I wish this complaint to be investigated informally

I wish this complaint to be investigated formally
(Tick if applicable)

COMPLAINANTS DECLARATION

I understand that the Council has the right to take any action it thinks is suitable in the investigation of this complaint. I understand that the Council cannot become involved in any claim for compensation in connect with this complaint. I will not hold the Council response for any type of loss that may be caused to me as a result of the investigation of this complaint, including the loss of, or damage to, the complaint item.

SIGNED:

DATE: