Food complaint report form

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Date *

_____

Time *

_____

Dish *

_____

Batch or prep date
From the label, if known.

_____

Type of complaint *

○ Suspected food illness ○ Foreign object ○ Allergic reaction ○ Quality or temperature ○ Other

Details *
What the customer said, and when they ate.

_____

_____

_____

Customer contact
Phone or email, if they agreed to be contacted.

_____

Was a sample or the object kept? *

☐ Yes ☐ No

Action taken *
For example, dish removed, refund given, batch checked.

_____

_____

_____

Photo
Attach: Photo (JPEG or PNG)

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____