



County of San Diego

FOOD ILLNESS REPORT FORM



Use this page to file a report with the Department of Environmental Health – Food and Housing Division if you believe that you became sick from eating or drinking something you consumed at a restaurant located in the **County of San Diego**. Please complete the form below with as much detailed information as you can provide to help us investigate your complaint.

To report an illness caused by a prepackaged food item, please contact the corresponding agency:

- FDA: To report domestic and imported food products that do not contain meat or poultry, such as cereal or bottled beverages – Toll-free nationwide: (888) 463-6332; Southern California: (949) 608-3530.
- USDA: To report domestic and imported meat, poultry and related products (meat or poultry containing stews, pizzas and frozen foods), and processed egg products – Toll-free nationwide: (800) 535-4555.

CONTACT INFORMATION

 First Name/Last Name Phone Number Email Address

City and State of Residence:

 City State Zip Code

FOOD SOURCE LOCATION INFORMATION

 Name of Business Address or Cross Streets Near Business

Date you ate the food (MM/DD/YY): _____ Time you ate: _____ AM PM

Who became ill? (please list Name, Relationship to you, Age, and Occupation)

Name	Relationship to You	Age	Occupation
Example: John Smith	Self	45	Engineer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many people in your party ate at the event/facility? _____ Number of people sick? _____

Do all the sick people live in the same home? Yes No

What food item did all the sick people have in common, if any? _____

How many people in your party ate the common food? _____

Did those who are ill see one another during the 3 days (72 hours) before becoming ill? Yes No

If yes, please describe the activities and meals in common: (Example: birthday party, vacation, etc.)

Date/Time	Activity	Food Source
Example: 2/1/17 12:30pm	Birthday party at park	Catering from ABC Restaurant
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIBE THE ILLNESS

Date you started feeling sick (MM/DD/YY): _____ Time: _____ AM PM

Symptoms (Check all that apply):

- Nausea
- Headache
- Mouth Tingling
- Vomiting
- Abdominal Pain/Cramps
- Flushing/Rashes
- Double Vision/Dizziness
- Sweats/Chills
- Fever ____ F
- Muscle Aches

Vomiting Date you started vomiting: _____ Time: _____ AM PM

How many times did you vomit? _____ Are you still vomiting? Yes No

If no, date you stopped vomiting: _____ Time: _____ AM PM

Diarrhea Date you started to have diarrhea: _____ Time: _____ AM PM

How many times did you have diarrhea? _____ Do you still have diarrhea? Yes No

If no, date you stopped having diarrhea: _____ Time: _____ AM PM

WERE MEDICAL SERVICES SOUGHT? Yes No

If yes, where? _____

OTHER EXPOSURE FACTORS

Have those ill done any water recreation in the past 3 weeks (example: surf, swim, spa/Jacuzzi)? Yes No

If yes, please describe: _____

Have those ill come into contact with an animal? Yes No If so, was the animal ill? Yes No

Please state any areas outside the County that were traveled to by those ill within the last 3 weeks:

SUBMITTING THE FORM:

- 1) SAVE A COPY TO YOUR COMPUTER FOR YOUR RECORDS
- 2) EMAIL THE REPORT TO: fhdepi@sdcounty.ca.gov