

Guidance for Customer Food Safety Complaints

When a customer reports a foodborne illness or injury, respond calmly, document key details, and follow proper procedures. Your role is to listen, document, and report – not diagnose. Use the checklist below to collect important details. **Staff receiving a complaint must report it to the person in charge, who will then notify: [Public Health - Seattle & King County: 206-296-4774](tel:206-296-4774)**

Possible Introductory Statements

"I'm sorry to hear you didn't/don't feel well. We take reports like this very seriously and want to document everything properly so we can look into this right away. As part of food safety requirements, we will also inform the health department, and they may also reach out to you for more details."

"Thank you for letting us know. We want to make sure this is handled properly, may I ask you a few questions about your visit? We will also be reporting it to the health department, as required. They may follow up with you to gather more information about your symptoms and recent meals."

"We appreciate you telling us and I have a few questions. We'll be documenting this report and, as part of food safety procedures, notifying the health department. They may contact you to help determine if others may have been affected."

Information to Collect

Customer Contact Information	
Name:	Phone:
Dining Details	
Date & Time of Meal:	List of food items eaten:
Total number in the dining party:	Number ill:
Did they eat in house or somewhere else?	
<input type="checkbox"/> Dined in house <input type="checkbox"/> To Go/Pickup <input type="checkbox"/> Delivery Service <input type="checkbox"/> Other:	
Describe any other dining information provided:	Is the receipt available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Symptoms & Timing	
Did any of the diners have symptoms of nausea, vomiting, diarrhea, fever, cramps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date & Time symptoms began:	
Does the customer have any known food allergies or sensitivities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you report this to anyone else? <input type="checkbox"/> LHJ <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> FINS www.doh.wa.gov/foodillness <input type="checkbox"/> No	
Date & Time Call Received:	Date & Time LHJ Contacted:

After the customer complaint is received, conduct a food safety establishment check

Were any employees out sick three days before or after the time the food was prepared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any complaints from other customers three days before or after this meal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any reported food safety issues (improper holding temperatures, employee or customer illness in the building, unusual food quality or source, food recalls, equipment malfunctions, sewage issues) when ingredients were prepared, or the food was served?	<input type="checkbox"/> Yes <input type="checkbox"/> No