FSI-553 (9/06)

NYS DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF FOOD SAFETY AND INSPECTION
10B AIRLINE DRIVE
ALBANY, NEW YORK 12235

CONSUMER COMPLAINT/INQUIRY FORM

Consumers Name:		Street:			
City:		State:	Zip:	Tel. No.: ( ) -	
Establishment Name:			Est. No.:		
Street:		City:		Zip:	
Product:		Container Type:			
Container Size/Weight:	Container Code:	Date Purchased:	Date Used:		
Injury: ☐ Yes ☐ No If Yes, Describe Injury:					
Illness: ☐ Yes ☐ No If Yes, Number of Hours After Ingestion		Symptoms: ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Other (Describe Below)			
Doctor Visited: ☐ Yes ☐ No If Yes, Enter Name and Address				Date of Visit:	
Hospital Visited: ☐ Yes ☐ No If Yes, Enter Name and Address				Date of Visit:	

☐ 10-Insect Contamination/Worms/Flies
☐ 11-Rodent Contamination/ Excreta/Defilement
☐ 17-Filth/Foreign Objects/Blackened Dough/ Machine Grease/Hair/Staples/Bird Shot
☐ 22 –Insanitary Conditions
☐ 20-Spoilage/Mold/Sediment/ Slime/Flood Damage/Bad Taste/Foul Smell
☐ 23- Food Poisoning (human or animal)
☐ Other (Explain Below)

Description of Complaint and Supervisors Recommendations

Complaint Referred To:
(list person or agency)

Received By:	☐ Phone ☐ Fax ☐ Mail ☐ E-Mail ☐ In Person	ID No.:	Date:
Central Office Use Only	Reviewed By:	Code No.:	Close Out Date: