



Foodborne Illness Complaint Form

16 Aug 2024

Complete

Score	0 / 0 (0%)	Flagged items	0	Actions	0
Date					16.08.2024

Foodborne Illness Complaint Form

Complainant Information

Name Rajmund Inja

Age 25

Address Los Angeles, CA, USA
(34.0549076, -118.242643)

Sex M

Contact number 5597304725

Email address r_inja@mail.com

Date meal consumed 14.08.2024

Customer or employee? Employee

Investigation

When did the affected individual consume their meal? 14.08.2024

When the symptoms first manifest? 15.08.2024

What symptoms did the individual experience?

Diarrhea	Headache	Nausea
Fever	Cramps	Dehydration

What is the current health status of affected individual? Sick at home

Planning to visit the hospital later

Has the affected individual been out of town or country in the last few days? No

Has the affected individual consulted a doctor for their symptoms? No

Later today (August 16)

Has the affected individual's symptoms persisted for more than 24 or 48 hours? Yes

Has the affected individual consumed other food in the last 24, 48, and 72 hours? Yes

Has the complaint been shared or escalated to other establishments or legal bodies?

No

Is anyone in the affected individual's immediate household also experiencing symptoms?

No

Have the suspected food items been tested for possible harmful bacteria?

No

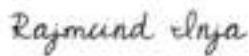
Additional comments and suggestions

Please advise on next steps.

Further actions to take

Will be checking up with a doctor later and will update.

Name and signature of affected individual



Rajmund Inja
16.08.2024 15:59 PST