Report of Suspected Food-borne Disease form-Public

# complainant details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Address** |  | | |
| **Phone Number** |  | | |
| **Gender/Age** | male female | Age (years) |  |
| **Email address:** |  |  |  |

# Suspected food business details

|  |  |
| --- | --- |
| **Food business name** |  |
| **Food business address** |  |
| **Time and date food eaten** | Time \_\_\_\_\_\_\_\_\_\_AM/PM date \_\_\_/\_\_\_/\_\_\_\_ |
| **How many people ate the food?** |  |
| **Is one particular food the suspected cause of illness?** | no yes If yes provide details |
| **Was the food** | Dine in Take away Supermarket |
| **Had the complainant and other ill people eaten together or had contact in the previous week before this occasion?** | no yes  If yes, provide details of other meals or contact: |
| **Does the complainant have any leftover suspect food** | no yes |

# Illness details

|  |  |
| --- | --- |
| How many people have been ill (connected to this food-borne disease) | \_\_\_\_\_\_\_ |

Please fill information for each ill person (use an additional page for extra people).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Person 1** | **Person 2** | **Person 3** |
| **Name** |  |  |  |
| **Gender/age** | M/F \_\_\_\_\_years | M/F \_\_\_\_\_years | M/F \_\_\_\_\_years |
| **Onset date** |  |  |  |
| **Onset time** | AM/PM | AM/PM | AM/PM |
| **SYMPTOMS** |  |  |  |
| **- Vomiting** |  |  |  |
| **- Diarrhea** |  |  |  |
| **- Fever** |  |  |  |
| **- Abdominal pain** |  |  |  |
| **- Blood in stools** |  |  |  |
| **- Other symptoms** |  |  |  |
| **Duration of illness (in days)** |  |  |  |
| **Went to a GP?** | no yes | no yes | no yes |
| **Went to hospital?** | no yes | no yes | no yes |
| **Fecal specimen submitted?** | no yes | no yes | no yes |
| **Results from specimen yet? (If yes, provide results)** | no yes | no yes | no yes |
| **Is person still ill?** | no yes | no yes | no yes |

# Other information

*(e.g. if people ill after a function, what was the function, how many people attended, did ill people eat the same meals)*

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You can place your complaint by filling up this form and sending it to [foodpoisoning@dm.gov.ae](mailto:foodpoisoning@dm.gov.ae)

The Food Control Department of Dubai Municipality can be contacted on 800900