



Colorado Department  
of Public Health  
and Environment

# Colorado Department of Public Health and Environment

## Consumer Protection Division Complaint Form

Phone (303)692-3620 FAX (303)753-6809 Complaint # (**CPD Only**) \_\_\_\_\_

**Date Complaint Received: (MM/DD/YY)** \_\_\_\_\_ Receiving Agency:  CDPHE  Local Health Agency

Health Agency Name: \_\_\_\_\_ Agency Rep: \_\_\_\_\_

Complaint Received by: \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ Mail \_\_\_\_\_ FAX \_\_\_\_\_ In Person \_\_\_\_\_

**Complaint Received from: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Description of Complaint:** \_\_\_\_\_

Illness?  Yes  No  N/A Injury?  Yes  No  N/A Physician Seen?  Yes  No

Physician Name: \_\_\_\_\_ Physician Phone # \_\_\_\_\_

If "yes" to "Illness," was a "**Foodborne Illness Reporting Form**" completed?  Yes  No

Is this a general complaint (i.e., retail food, school child care, motel, campground etc....) If "**yes**" complete **Section A** below.

Is this complaint related to a commercially manufactured food product? If "**yes**" complete **Section B** below.

**Section A** General Complaints (Retail food, schools, child care, motel, campgrounds, etc...)

**Name of Facility:** \_\_\_\_\_ **Date of Occurrence:** \_\_\_\_\_

**Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Section B** Manufactured Food Product Complaint (Complete *only* for Commercially Manufactured Products)

**Brand Name/Product Identity:** \_\_\_\_\_ **Product Size:** \_\_\_\_\_

**Code Information (other than UPC):** \_\_\_\_\_ UPC Code: \_\_\_\_\_

**Manufacturer's/Distributor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Place of Purchase (name):** \_\_\_\_\_ **Date of Purchase:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

County: \_\_\_\_\_ Is the product is still in your possession?  Yes  No

If no, is the product still available and where? \_\_\_\_\_

**DEPARTMENT USE ONLY**

**Type of Firm:**

- |   |   |
|---|---|
| Body Art <input type="checkbox"/>         | NCGW <input type="checkbox"/>           |
| Campground <input type="checkbox"/>       | Public Accom. <input type="checkbox"/>  |
| DOC/DYC <input type="checkbox"/>          | Retail Food <input type="checkbox"/>    |
| Child Care <input type="checkbox"/>       | School <input type="checkbox"/>         |
| Med. Gas <input type="checkbox"/>         | Shellfish <input type="checkbox"/>      |
| Medical Devices <input type="checkbox"/>  | Single Service <input type="checkbox"/> |
| Milk Producer <input type="checkbox"/>    | Tanning <input type="checkbox"/>        |
| Milk/Dairy Plant <input type="checkbox"/> | Wholesale Food <input type="checkbox"/> |
| Mobile Home <input type="checkbox"/>      | Other <input type="checkbox"/>          |

**Firm id#(If applicable)** \_\_\_\_\_

**Complaint Received by:** \_\_\_\_\_

Written Complaint Attached?  Yes  No

CPD Person Responsible for Resolution/Referred to: \_\_\_\_\_

**Resolution (Check all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Referred to Local Health Agency | <input type="checkbox"/> Referred to FDA                 | <input type="checkbox"/> Inspection Conducted |
| <input type="checkbox"/> Manufacturer/Facility Contacted | <input type="checkbox"/> Foodborne Illness Investigation |   |
| <input type="checkbox"/> Follow-up w/ Complainant        | <input type="checkbox"/> Other _____                     |   |

Date of Resolution: \_\_\_\_\_  Copy to File

## Consumer Protection Division Complaint Form

### User Guidance

- Purpose:** The Division has developed this complaint form to be completed when complaints are received regarding programs for which members of the Division or its authorized agents are responsible for responding to and/or resolving.
- Goal:** The Division's goal is an automated system that will provide for the tracking and trending of foodborne illness complaints on a statewide basis. The use of this form and an automated database will use complete complaint information, to allow for a comprehensive review and trending of complaints for the identification of trends.
- Guidance:** This form was designed to be straightforward and self-explanatory for ease of use. Since the Division's ultimate goal is an automated form, it is imperative that all **fields required for data entry** purposes be completed. The **required fields (bolded on the front of the form)** include:

**Date Complaint received:** (MM/DD/YY)

**Complaint Received from: Name, Address, and Phone** of the individual making the complaint.

**Description of Complaint:** If the complaint involves a foodborne illness, by definition, please be sure to complete the "Foodborne Illness Reporting Form". It has been noted that there may not be sufficient room in this area of the form for complete complaint description. If that is the case, the back of the form may be used or a second page to be submitted along with the main form.

#### Section A: "General Complaint"

Please be sure to provide the following information in addition to the description of the complaint:

**Name of Facility:**

**Date of Occurrence:** When did the incident take place, such as, when was the suspect food consumed, violation noted, etc.

**Facility Address:** Physical location of the facility in question including city, state & zip if available. If completed at the county level, this information should be available from your records.

#### Section B: "Commercially Manufactured Food Products"

Please be sure to provide the following information in addition to the description of the complaint:

**Brand Name/Product Identity:** Product name as it appears on the package or container.

**Product Size:** This is particularly important if there are a variety of product sizes available. Examples include 16oz., 3 lb. Chub, etc.

**Code Information (other than UPC):** This may include a "best by", "use before", "sell by", "exp" or something similar and may have an associated series of code numbers.

**Manufacturer's/Distributor's Name:** This is generally available on the product label, but is usually not the retail outlet where the product was purchased.

**City, State & Zip:** Although street address is not required on the label and may not be provided, **city, state and zip code** should be available. It is also helpful to include a telephone number if provided on the label. If provided, please include this information on the line with the manufacturer's or distributor's name.

**Place of Purchase:** Retail location where the product was purchased such as King Soopers, Safeway, City Market, 7-Eleven, etc.

**Date of Purchase:** Date when the complainant purchased the product.

**Address of Purchase including City, State & Zip:** Please provide as complete information as possible either from the consumer or from your records.

**Resolution:** Please attach a copy of any supporting documentation related to the complaint resolution whether a copy of an inspection conducted, an activity report for a telephone conversation, or other appropriate information. Supporting information may not always be required.

**Since it is critical to be able to identify trends in a timely manner, this completed form should be faxed to the Consumer Protection Division at 303-753-6809 as soon as practical.**