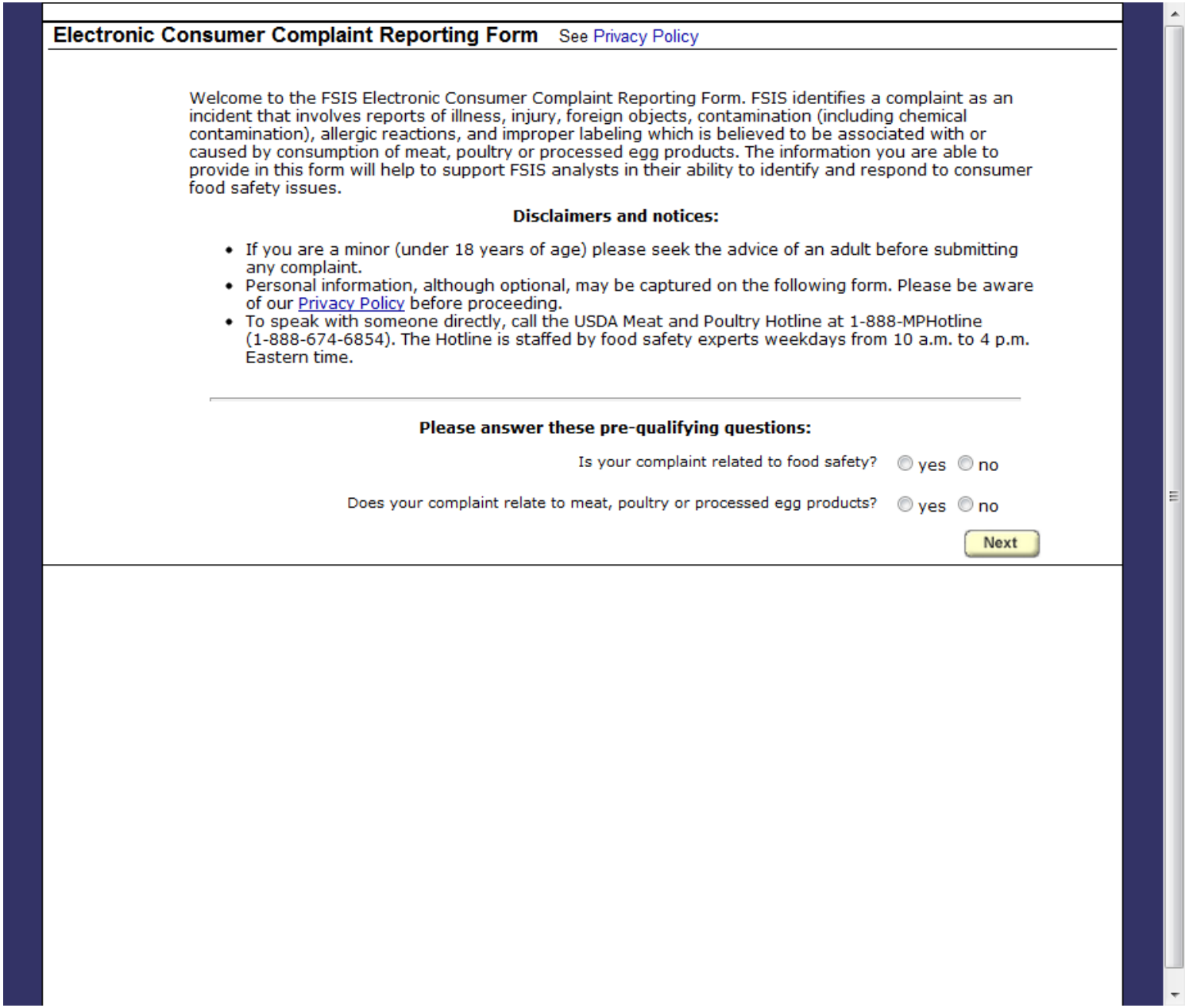
Disclaimer Form



Electronic Consumer Complaint Reporting Form See Privacy Policy

Welcome to the FSIS Electronic Consumer Complaint Reporting Form. FSIS identifies a complaint as an incident that involves reports of illness, injury, foreign objects, contamination (including chemical contamination), allergic reactions, and improper labeling which is believed to be associated with or caused by consumption of meat, poultry or processed egg products. The information you are able to provide in this form will help to support FSIS analysts in their ability to identify and respond to consumer food safety issues.

Disclaimers and notices:

- If you are a minor (under 18 years of age) please seek the advice of an adult before submitting any complaint.
- Personal information, although optional, may be captured on the following form. Please be aware of our Privacy Policy before proceeding.
- To speak with someone directly, call the USDA Meat and Poultry Hotline at 1-888-MPHotline (1-888-674-6854). The Hotline is staffed by food safety experts weekdays from 10 a.m. to 4 p.m. Eastern time.

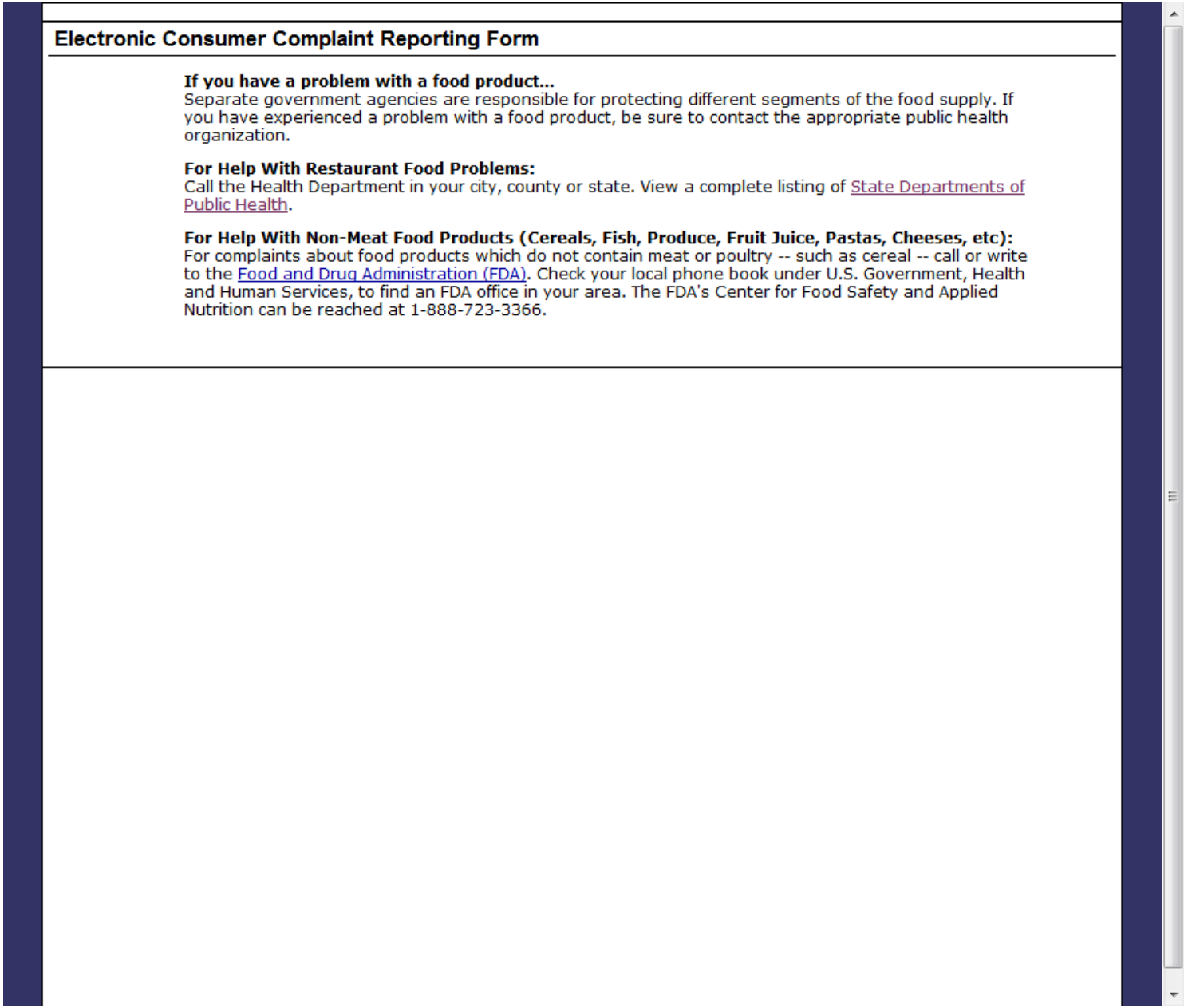
Please answer these pre-qualifying questions:

Is your complaint related to food safety? yes no

Does your complaint relate to meat, poultry or processed egg products? yes no

Next

1 or 2 “No” Responses to Pre-Qualifying Questions



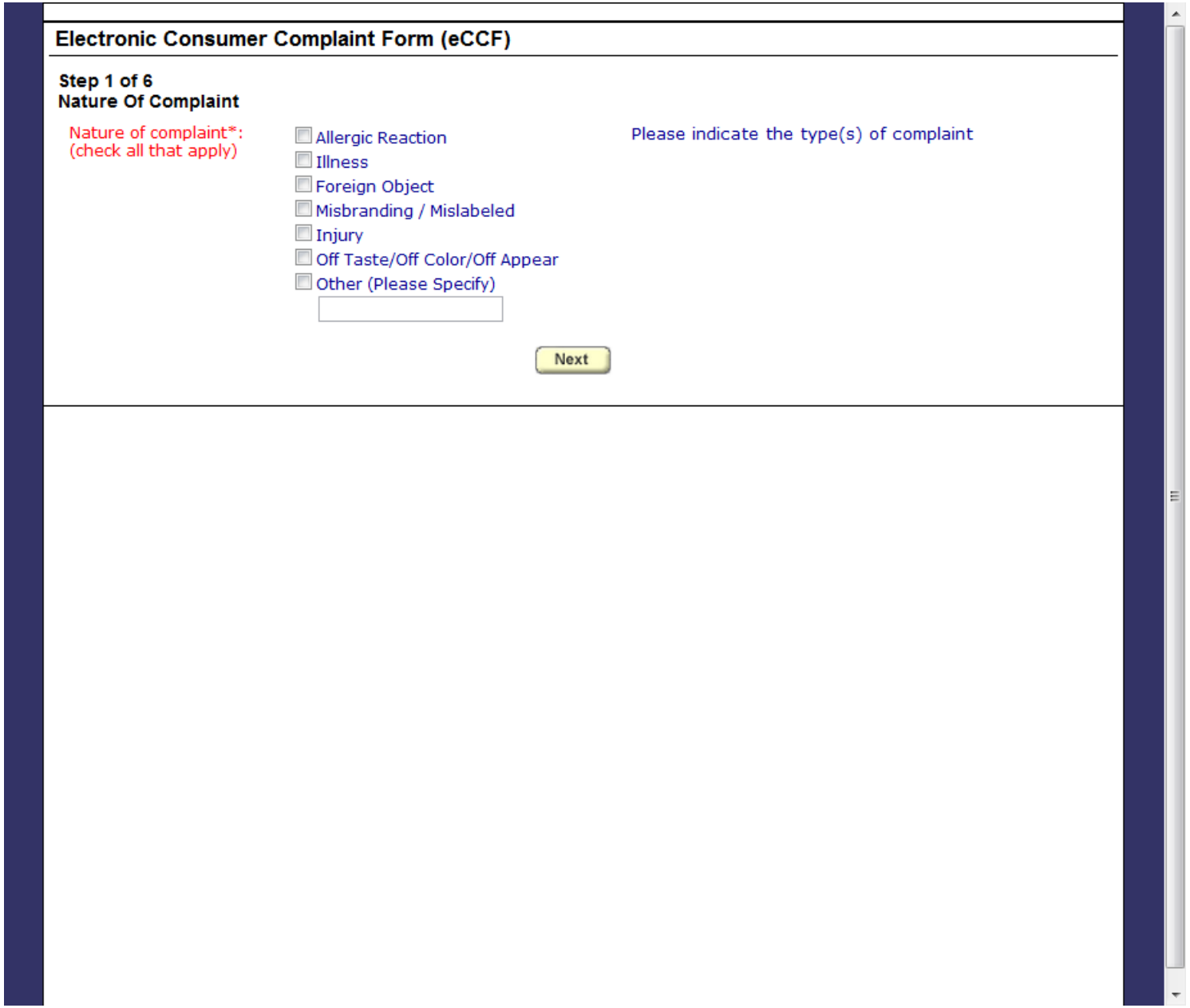
Electronic Consumer Complaint Reporting Form

If you have a problem with a food product...
Separate government agencies are responsible for protecting different segments of the food supply. If you have experienced a problem with a food product, be sure to contact the appropriate public health organization.

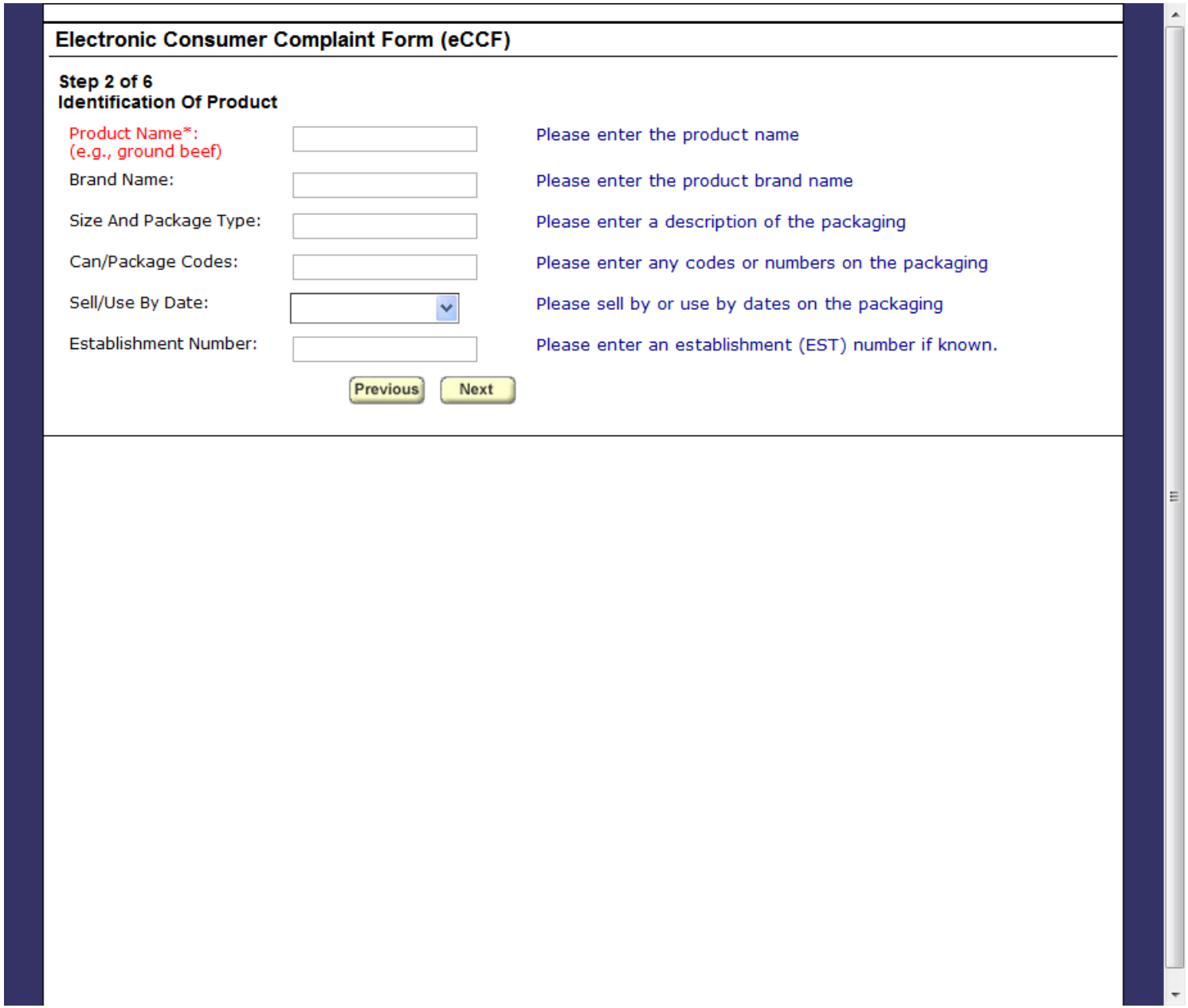
For Help With Restaurant Food Problems:
Call the Health Department in your city, county or state. View a complete listing of State Departments of Public Health.

For Help With Non-Meat Food Products (Cereals, Fish, Produce, Fruit Juice, Pastas, Cheeses, etc):
For complaints about food products which do not contain meat or poultry -- such as cereal -- call or write to the Food and Drug Administration (FDA). Check your local phone book under U.S. Government, Health and Human Services, to find an FDA office in your area. The FDA's Center for Food Safety and Applied Nutrition can be reached at 1-888-723-3366.

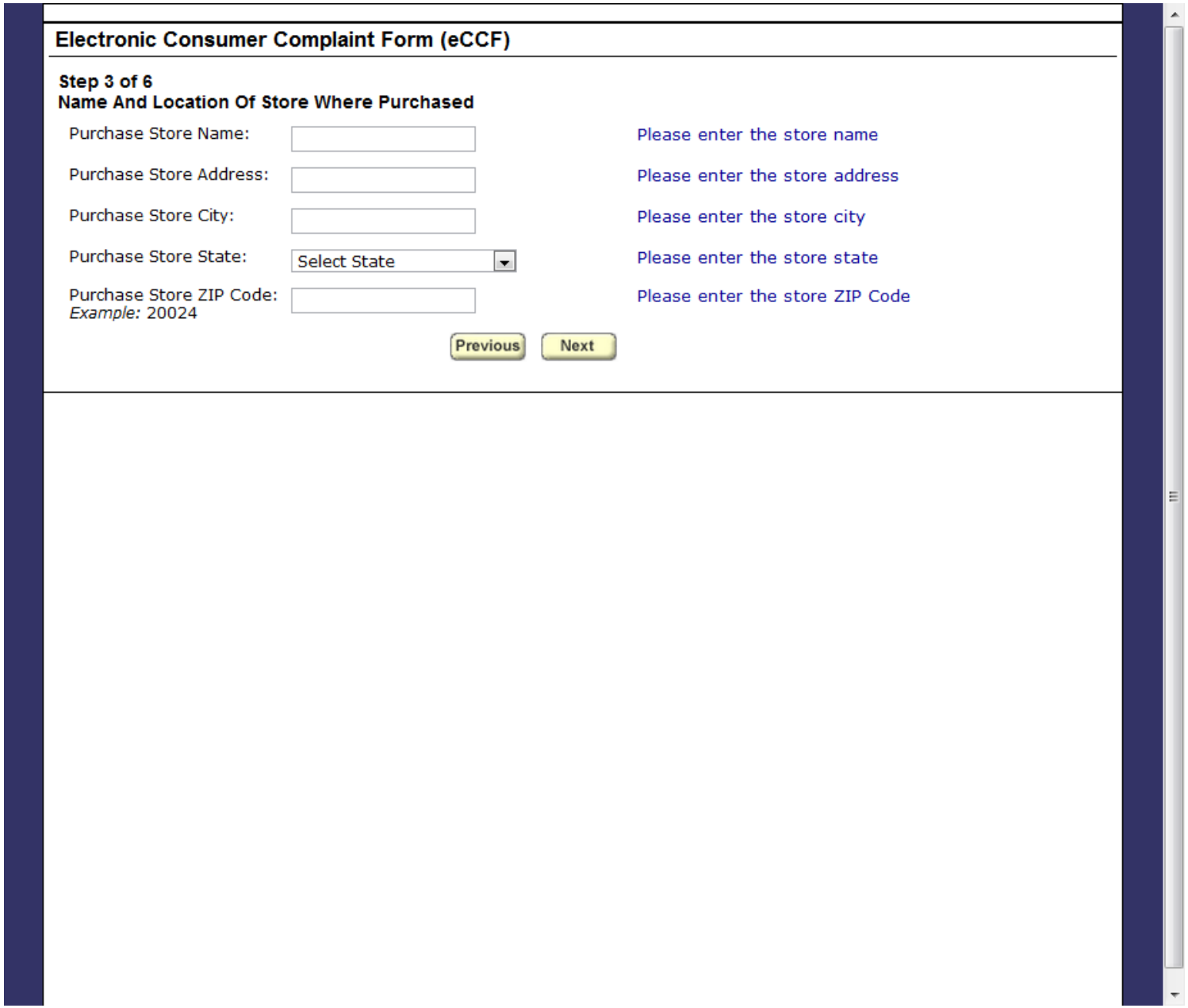
Step 1 – Nature of Complaint



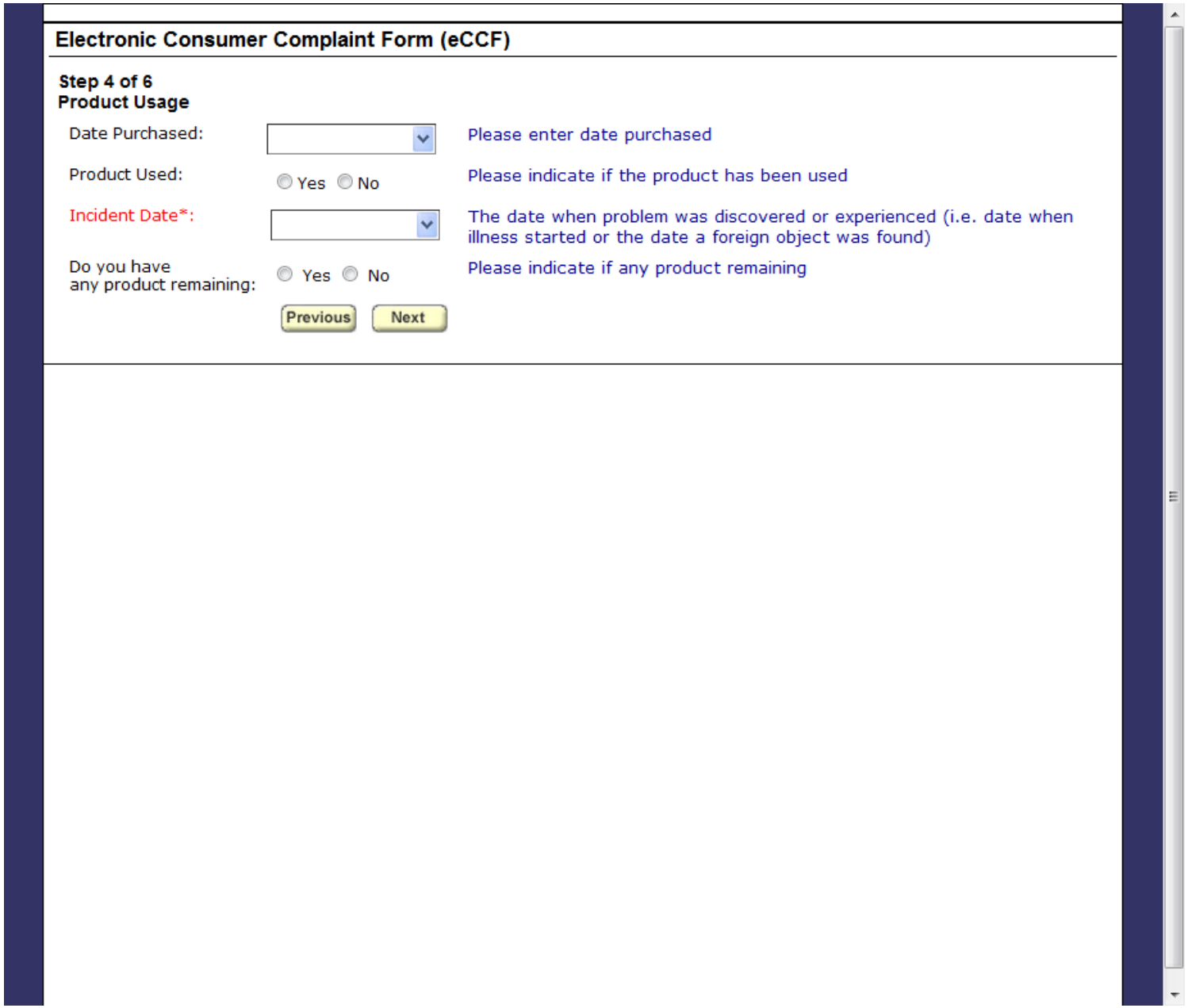
Step 2 – Identification of Product



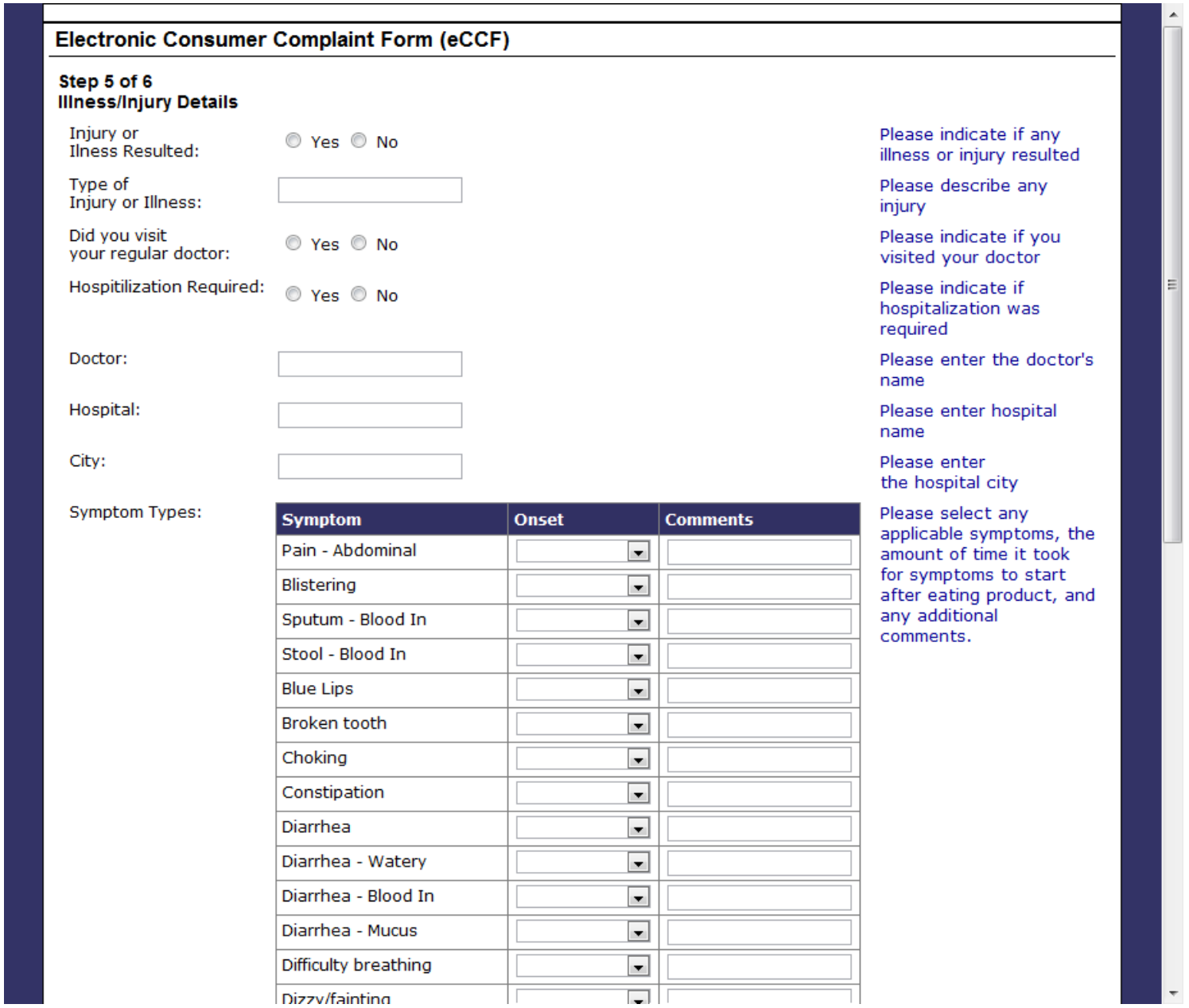
Step 3 – Name and Location of Store Where Purchased



Step 4 – Product Usage



Step 5 – Illness/Injury Details



Electronic Consumer Complaint Form (eCCF)

Step 5 of 6
Illness/Injury Details

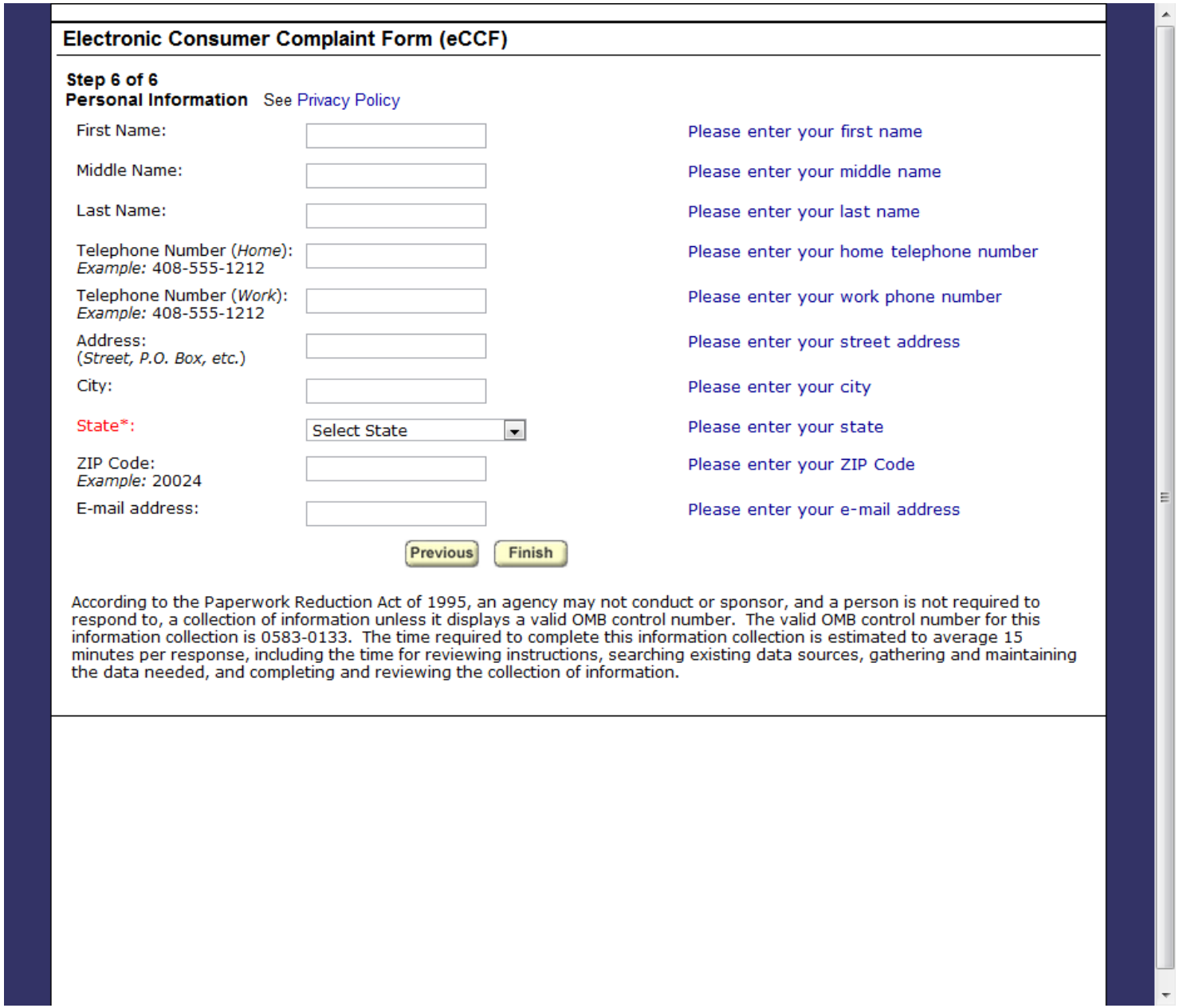
Injury or Ilness Resulted:	○ Yes ○ No	Please indicate if any illness or injury resulted
Type of Injury or Illness:		Please describe any injury
Did you visit your regular doctor:	○ Yes ○ No	Please indicate if you visited your doctor
Hospitilization Required:	○ Yes ○ No	Please indicate if hospitalization was required
Doctor:		Please enter the doctor's name
Hospital:		Please enter hospital name
City:		Please enter the hospital city

Symptom Types:

Symptom	Onset	Comments
Pain - Abdominal		
Blistering		
Sputum - Blood In		
Stool - Blood In		
Blue Lips		
Broken tooth		
Choking		
Constipation		
Diarrhea		
Diarrhea - Watery		
Diarrhea - Blood In		
Diarrhea - Mucus		
Difficulty breathing		
Dizzy/fainting		

Please select any applicable symptoms, the amount of time it took for symptoms to start after eating product, and any additional comments.

Step 6 – Personal Information



Electronic Consumer Complaint Form (eCCF)

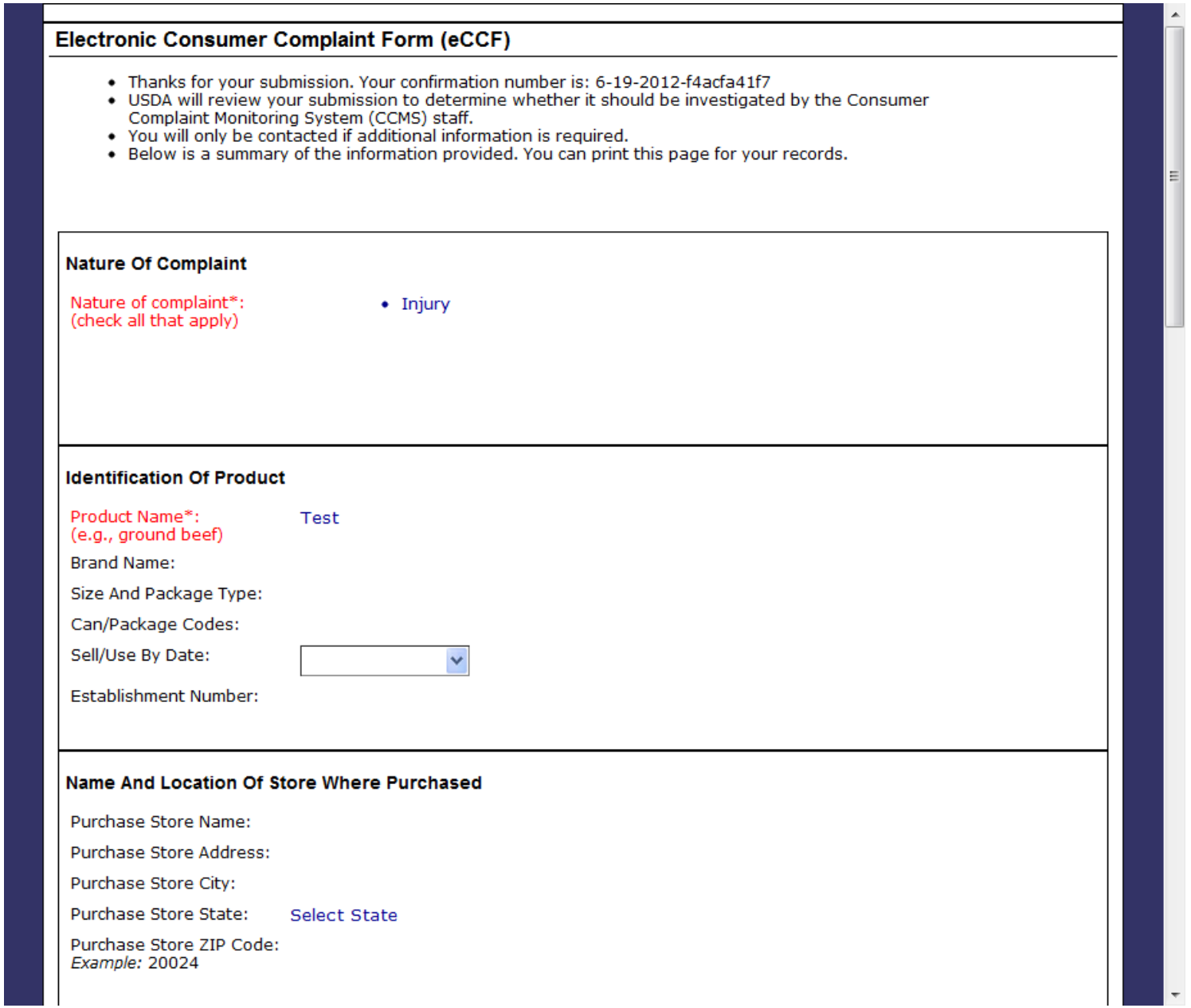
Step 6 of 6
Personal Information See Privacy Policy

First Name:		Please enter your first name
Middle Name:		Please enter your middle name
Last Name:		Please enter your last name
Telephone Number (*Home*): *Example:* 408-555-1212		Please enter your home telephone number
Telephone Number (*Work*): *Example:* 408-555-1212		Please enter your work phone number
Address: (*Street, P.O. Box, etc.*)		Please enter your street address
City:		Please enter your city
State*:	Select State	Please enter your state
ZIP Code: *Example:* 20024		Please enter your ZIP Code
E-mail address:		Please enter your e-mail address

Previous Finish

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0133. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Submission Confirmation



Electronic Consumer Complaint Form (eCCF)

- Thanks for your submission. Your confirmation number is: 6-19-2012-f4acfa41f7
- USDA will review your submission to determine whether it should be investigated by the Consumer Complaint Monitoring System (CCMS) staff.
- You will only be contacted if additional information is required.
- Below is a summary of the information provided. You can print this page for your records.

Nature Of Complaint

Nature of complaint*:
(check all that apply)

- Injury

Identification Of Product

Product Name*:
(e.g., ground beef) Test

Brand Name:

Size And Package Type:

Can/Package Codes:

Sell/Use By Date:

Establishment Number:

Name And Location Of Store Where Purchased

Purchase Store Name:

Purchase Store Address:

Purchase Store City:

Purchase Store State: Select State

Purchase Store ZIP Code:
Example: 20024