

Virginia Department of Agriculture and Consumer Services (VDACS)
Consumer Complaint – Alleged Foodborne Illness

The information you provide will be reviewed by a Food Safety expert who will contact you.
Please provide as much information as possible in the fields below.

1. Nature of your complaint
(please describe why you
contacted VDACS):

2. Information about the business involved:

Name of the business: Street Address:

City: State: VA ZIP CODE:

If you filed a complaint with the business: Date: Time:

3. If your complaint is about a specific product:

Name of the product: Weight/Qty:

Date of purchase: Time of purchase:

Lot number: UPC Code:

Condition of Container:

Date Manufactured: Expiration or "Sell by" Date:

4. If you think that conditions at the business or a product sold by the business made you, or someone you know, sick:

Date and time product was consumed: Date: Time:

Date and time the illness started: Date: Time:

Date and time the illness stopped: Date: Time:

Symptoms:

Did you and/or others who became ill see a medical provider?

If yes, was stool, vomit, (or other) submitted for laboratory testing?

5. Do you wish to remain anonymous?

6. Your Information:

Name: Street Address:

City: State: VA Zip Code:

Daytime phone number:

Email address: