

Unsafe Food Investigation

Please fill out details clearly – we may not be able to help if you don't.

PERSON MAKING THE REQUEST

Given Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Tel No: (BH) _____ (AH) _____ Mobile: _____

Fax No: _____ Email: _____

DECLARATION

I hereby state that at about _____ am/pm on (date) _____ I purchased (describe food)
_____ from (name of business) _____

SUMMARY OF EVENTS

State briefly and concisely, events or circumstances leading to the cause of complaint, including details of what is wrong with the food.

Signed: _____ Date: _____

FOOD CONSUMPTION/SYMPTOMS (if applicable)

Date and time food was consumed _____

Onset of symptoms (date & time) _____

Type of Symptoms _____

Has a Doctor been consulted? _____ If so, who and when? _____

Please Note:

1. City of Mandurah is subject to the *Freedom of Information Act 1992*.
2. While every effort will be made to resolve your request promptly, please understand that the City has limited resources and environmental health issues need to be dealt with in order of priority.
3. Should legal action be necessary, you may be required to give evidence in Court.
4. The City undertakes to notify you within 15 working days of this form being returned of how your request has progressed.
5. Should you require further information please contact the City's Health Services.
6. The complainant should recognise that samples submitted to the City of Mandurah form part of a health related investigation for the protection of the public and is not related to financial compensation. Samples submitted to the City may be rendered useless following formal analysis.

Please return completed form to:

Health Services City of Mandurah PO Box 210 MANDURAH WA 6210	Phone: 9550 3746 (Health Services) Facsimile: 9550 3888 Customer Services: 9550 3777 Email: health@mandurah.wa.gov.au Office Location: 3 Peel Street, Mandurah
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