



Baldor Specialty Foods, Inc.

155 Food Center Drive, Bronx, NY 10474

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PRODUCT COMPLAINT RECORD

DATE COMPLAINT FILED ___/___/___ SALES REP INITIAL _____

CUSTOMER INFORMATION-DATE PRODUCT RECEIVED ___/___/___ **INVOICE #** _____

NAME

ADDRESS:

PHONE :

FAX:

MANAGER NAME:

CALLER NAME:

CONSUMER INFORMATION (IF PRODUCT WAS SERVED AND OR BOUGHT BY THE PUBLIC)

NAME **NA**

GENDER:

AGE

PHONE:

FAX:

ADDRESS:

INCIDENT INFORMATION

FOREIGN MATERIAL

FOREIGN MATERIAL SAMPLE AVAILABLE? Y N

FOOD-BORNE ILLNESS Y N

PRODUCT INFORMATION
(EXTREMELY IMPORTANT TO FILL OUT COMPLETELY FOR FULL TRACEABILITY)

PRODUCT NAME:

BRAND NAME:

PACKAGE SIZE:

LOT CODE NUMBER:

VENDER NAME:

DATE & TIME OF INCIDENT

___/___/___ AM OR ___ PM

**DESCRIPTION OF INCIDENTS/
ILLNESS OR INJURIES**
(ATTACHMENT ADDITIONAL PAGE IF NECESSARY)

MEAL: BREAKFAST LUNCH DINNER OTHER

LOCATION OF INCIDENT

TIME OF CONSUMPTION

AMOUNT OF CONSUMPTION

SYMPTOMS (IN ORDER)

TIME OF ONSET OF THE SYMPTOMS

FOOD ALLERGIES

MEDICAL ATTENTION: Y N

RELEASE RECORD TO BALDOR

CONSUMER REQUEST

* Please fax this page to the customer on receipt of a foreign material, food-borne illness or food allergy complaint of any products provided by Baldor.