

# Restaurant Food Poisoning Incident Report

## 1. General Information

Date of Incident

Time of Incident

Restaurant Name

Location/Address

## 2. Personal Information

Reporter's Name

Contact Number

Email Address (optional)

## 3. Details of Incident

Food and Drinks Consumed (list if multiple)

Symptoms Experienced

Time Symptoms Began After Eating

Medical Attention Sought? If yes, provide details

Were others affected? (If yes, please provide details)

Action Taken by Restaurant Staff

Additional Comments / Observations

4. Signature

Signature

Date