



Arkansas Department of Health

# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

## Arkansas Foodborne, Waterborne, and Enteric Public Complaint Surveillance Form

### Instructions:

- 1) Please complete all required fields: Date Submitted (mm/dd/yyyy), Name, and Contact Number (###-###-###)
- 2) Please complete as much information about your complaint as possible. If ill, please report onset date of illness (mm/dd/yyyy), total number ill, click on the box under Symptom/Signs, and then click on the symptom that you or the person your reporting is having (e.g. nausea, vomiting, diarrhea)
- 3) If water contact or ingestion, please enter the source of the water (bottled water, lake, stream, pool, public, well)
- 4) If related to a restaurant, please provide the restaurant's name, address, and complaint (e.g. dirty chairs, food cold, bathroom dirty, poor food handling practices)
- 5) Print Form (if desired)
- 6) Click Submit Form button, an email will open with form attached, and then click send
- 7) An Arkansas Department of Health representative will contact you for a follow-up interview



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Date Submitted (mm/dd/yyyy):

Name (Last, First, M):	Age:	Birthdate (mm/dd/yyyy):	Contact Number (### ### ####):
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Address (Street and No.)	City	State	Zip	County
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### Illness:

Onset Date (mm/dd/yyyy)	Total Ill	Symptoms/Signs

### Food:

Suspected	Where eaten/72 hrs	Where purchased

### Water:

Where ingested/72 hrs	Where contacted/72hrs	Source

Restaurant (Name and address):	Complaint:	Comment:

Additional Comments: