



CCMS Complaint Data

- 5046 complaints entered in CCMS since 2001
- Every complaint is entered and stored in CCMS. **Each entry prompts**
 - Interview of complainant by CCMS staff
 - database review for similar complaints
 - review of the producing establishment inspection records
 - notification to producing establishment
 - interview with point of purchase to identify similar complaints
- 801 complaints (15.9%) have warranted further investigation of in-plant practices
- Unique establishments involved with at least one complaint = 989

Cancel and Return to OPHS Control Page

CASE NO: 1-2001 **DATE REPORTED:** 03/21/2001

REPORTED BY:

Agency: [dropdown] **District:** Springdale, AR (35) [dropdown]

Assignment Code: [input]

Your Name: [input]

Telephone: [input] (999) 999-9999 **Ext:** [input]

COMPLAINANT DATA

COMPLAINANT REFUSED TO GIVE NAME:

First Name: [input] **Last Name:** [input]

Mailing Address

Address First Line: [input]

Address Second Line: [input]

City: [input] **State:** LA [dropdown] **Zip Code:** [input]

Phone, FAX, and E-Mail

Telephone Number(s): (222) 222-2222

Home: [input] **Work:** [input] **Fax:** [input]

NATURE OF COMPLAINT

Primary Complaint: **ILLNESS**

- INJURY
- ALLERGIC REACTION
- MISBRANDED
- ECONOMIC ADULTERATION
- OTHER
- ILLNESS

Onset of Symptoms: LT 8 hours

Symptoms: VOMITING, NAUSEA, DIARRHEA, OTHER

- Vomiting
- Nausea
- Diarrhea
- Cramps
- Dizziness
- Headache
- Other

Describe:

- FOREIGN OBJECT

Type: Size:

Description:

Description of Complaint:

Consumer reports becoming ill 4 to 6 hours after consuming product.

PRODUCT INFORMATION

Original Packaging: Yes: No:

Product Name: OVEN ROASTED WHITE TURKEY, 95% F/

Brand Name:

Package Size and Type: 16 OZ

Package Code:

Sell By: Product Remaining: Y | Y | N |

Est. Number: (as shown on label)

POINT OF PURCHASE

POP Name:

POP Purchase Date: 0:00 (mm/dd/yyyy)

Street Address:

City: State: LA ZIP Code:

Contact: Tel:

Submit New Case Data



2005 Complaint Type Breakdown

