## **United States Food and Drug Administration** Consumer Complaint / Injury Report

This is an accurate reproduction of the original electronic record as of 02/03/2009

**COMPLAINT** 

# 73725

Complaint Receiving Date Organization

01/26/2009 ATL-DO

Accomplishing District

ATL-DO

How Received Telephone Complaint Source Consumer

Complaint Received By Complaint Status

Herbert, Dellarese Closed

Complainant Identification

Name

Address

(6)

Phone (W)

Phone (H)

(b)

Source POC Name

Source Phone

Complaint/Injury

**Complaint Description** 

Adverse Event

**Adverse Event** 

Injury / Illness

Result Date

Consumer's mother called to report that her 22 year old son experienced diarreah, and a low grade fever for several days after consuming Austins peanut butter & crackers.

Non-Life Threatening Injury/Illness - No Adverse Event Reporting

Gastrointestinal distress

Notify Notification Attended Required Emergency Room / Reported Need addnl. **DEIO/EMOPS?** Date Health Professional? Hospitalization? Outpatient Visit? Complaint To? FDA Contact? Yes 01/26/2009 No No No Not Unknown Reported to

Manufacture

r

Remarks

**Complaint Symptoms** 

Sympton

System Affected

**Onset Time** 

Duration

Remarks

Diarrhea

GASTROINTESTINAL

**CARDIOVASCULAR** 

Change in body temperature Health Care Professional

**Provider Name** 

Address

**Phone** 

Occupation

**Hospital Informatio** 

**Hospital Name** 

Address

Phone

**Dates of Stay** 

Emergency Room/Outpatient Visit

Hospital Name

Address

**Phone** 

**ER Date** 

Date: 02/03/2009 Page: 1 of 3 **Product and Labeling** 

**Brand Name** 

**Product Name** 

**Product Cod** 

**Product Description** 

PAC

**UPC** Code

Austins

Peanut Butter &

03GGT01

Peanut Butter Filled Crackers; Plastic, 03R801

7978340612

Crackers

Synth; Packaged Food (Not Commercially Sterile)

Lot/ Serial # Exp/Use by Date

Purchase Date Product Used

Amount Consumed/Used

45 Count Other,

Qty / Unit / Package

identify in Label

ukn

none

ukn

Yes

ukn

Remarks

Date Used

ukn

Date Discontinued Amount Remained Imported Product?

Country of Origin

Label Remarks

No

Individually wrapped in

plastic

Retail

Problem Ingredient Group

 $(b)^{\text{Name}}$ 

Addres

Manufacturer/Distributor

FEI

Name & Address

**Home District** 

Firm Type

1026111

Kellogg's Snacks I Quality Lane Cary North Carolina United

ATL-DO

Manufacturer

States 27513-2001
Initial Evaluation/Initial Disposition

**Problem Keyword** 

**Problem Keyword Details** 

Reaction

diarrhea, vomiting

**Initial Evaluation** 

Initial Disposition

Disposition Made By

**Disposition Date** 

Violation, Action in Process

Closed without further Investigation

Harris, Georgette P

01/27/2009

**Initial Disposition Remarks** 

recall

Referrals

Org Name

**HHS Mail Code** 

There are no Cosmetics details for this Complaint.

There are no Adverse Event details for this Complaint.

Date: 02/03/2009

Page: 2 of 3

Complaint #73725

## **COMPLAINTS FOLLOW - UP**

## **Grouped Follow - Up Operations**

Operation Operation Assignment Accomplishing Performing Sample PAF Status Status

Id Code Number Organization Organization Number Date

There are no Follow Up Operations related to this complaint.

**Disposition Summary** 

Is Consumer Responsible Address Name. Firm Type

Responsible? FEI

No 1026111 1 Quality Lane Cary North Kellogg's Snacks Manufacturer

Carolina United States 27513-

2001

Follow-Up Disposition Disposition Made By Disposition Date

Recall Harris, Georgette P 01/27/2009

**Disposition Remarks** 

Follow-Up Sent To

Organization Name HHS Mail Code