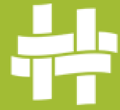
Alleged food poisoning



When to use this form

Use this form if you have recently experienced symptoms such as stomach pain, nausea, vomiting or diarrhoea after consuming food at a food business located within the Hobart municipal area. To assist us with investigating this matter we need you to provide as much information as possible including symptoms that you have experienced.

For concerns relating to any unacceptable practices you have observed or experienced in any food business please complete the Food business investigation request.

For further information on alleged food poisoning please visit our website.

Details of suspected premises

What is the name of the business? Required

Unit/street number Required

Street name Required

Suburb (Select 1 option) Required

If the suburb you need does not appear in the list above that may mean the location is not within the Hobart municipal area. Refer to the localities listing https://www.hobartcity.com.au/councillocalities to see what Council you need to report the issue to.

Symptoms

What did you eat that you think made you sick? (if known) Required

When did you eat the food? Required (submitting online? Use the calendar icon on the right to select the date)

D D M M Y Y Y Y

Approximately what time on this date? Required

What else did you eat on this date? Required

When did you become ill? Required (submitting online? Use the calendar icon on the right to select the date)

D D M M Y Y Y Y

Approximately what time on this date? Required

Approximately what time on this date? Required

What symptoms did you suffer? (Select 1 or more options) Required

- [ ] nausea
- [ ] abdominal cramps
- [ ] fever
- [ ] diarrhoea
- [ ] vomiting
- [ ] blood in stools
- [ ] other

Answer this question if you made a selection that includes 'other' in *Symptoms > What symptoms did you suffer?*

Please provide details Required

How long did the symptoms last? (Select 1 or more options) Required

- 12 - 24 hours
- 24 - 48 hours
- 2 -5 days
- 5 days +

Are you still sick? (Select 1 option) Required

- yes
- no

Did you see a doctor? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'yes' in *Symptoms > Did you see a doctor?*

Please provide the doctors details (name and address) Required

Answer this question if you selected 'yes' in *Symptoms > Did you see a doctor?*

Was a stool sample taken? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'yes' in *Symptoms > Was a stool sample taken?*

Have you received the results of these tests? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'yes' in *Symptoms > Have you received the results of these tests?*

What were the results of the tests? Required

Did anyone else eat the suspect meal? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'yes' in *Symptoms > Did anyone else eat the suspect meal?*

Please detail below Required

What other food did you consume in the 48 hours before getting sick? Required

Additional information

Personal details

First name Required

Last name Required

Email address

Telephone number Required

Address Required (type your address below or select the 'use my current location' button)

Age Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post
- no response necessary

For information on how Council manages, handles and protects personal information it collects please refer to the Privacy Statement and Policy.

End of form