

All communications to be addressed to:

The General Manager
Cobar Shire Council
36 Linsley Street
PO Box 223
COBAR NSW 2835



Telephone: (02) 6836 5888
Facsimile: (02) 6836 3964
Email: mail@cobar.nsw.gov.au
Website: www.cobar.nsw.gov.au
ABN: 71 579 717 155

FOOD SAFETY COMPLAINT FORM

Food Act 2003

CONTACT DETAILS			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>			
Name:			
Residential Address:			
Postal Address:			
Telephone:			
Email:			
FOOD BUSINESS DETAILS			
Name of Business:			
Address:			
Type of Business: <i>(e.g. restaurant, cafe, caterer, supermarket)</i>			
TYPE OF COMPLAINT			
<i>Note: Complaints regarding food premises or food safety and hygiene practices at a food business can also be made to NSW Food Authority https://www.foodauthority.nsw.gov.au/</i>			
<input type="checkbox"/> Foodborne illness*	<input type="checkbox"/> Composition or quality of food		
<input type="checkbox"/> Hygiene and handling	<input type="checkbox"/> Deteriorated or damaged product		
<input type="checkbox"/> Chemical contamination	<input type="checkbox"/> Foreign matter in food		
<input type="checkbox"/> Labelling and advertising	<input type="checkbox"/> Food packaging		
<input type="checkbox"/> Food safety practices in a State government facility	<input type="checkbox"/> State government facility food premises		
<input type="checkbox"/> Food-related injury	<input type="checkbox"/> Food business food safety program		
<input type="checkbox"/> Other (please describe)			
*FOODBORNE ILLNESS DETAILS (if applicable)			
Date / time of purchase	/ / ____ am/pm	Date / time of consumption	/ / ____ am/pm
Date / time onset of symptoms	/ / ____ am/pm	Date / time symptoms ceased	/ / ____ am/pm
Symptoms	<input type="checkbox"/> Stomach cramps	<input type="checkbox"/> Fever	<input type="checkbox"/> Diarrhoea
	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Other

COMPLAINT DETAILS *(include as much detail as possible)*

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FOOD PRODUCT DESCRIPTION

Was this food product a takeaway purchase?	<input type="checkbox"/> Yes, <i>(if yes, please list food type):</i>
	<input type="checkbox"/> No <i>(if no, please complete the following)</i>
Brand Name:	
Product Name:	
Type of Food:	
Pack Size:	
Date Mark:	<input type="checkbox"/> Use By <input type="checkbox"/> Best Before / / 20 ____
Do you have proof of purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a food sample available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Package Type: <i>(e.g. cling wrap, glass, plastic tub, unpackaged food)</i>	

PRIVACY STATEMENT/DECLARATION

Your complaint form and any other provided information may be made available to Councillors and Council Officers. Members of the public have certain rights of access to information held by Council under the *Government Information Public Access Act 2009* (GIPA), and under the *Privacy Information Protection Act 1998* (NSW) to the extent permitted by those Acts.

I declare that the information I have provided above is true and correct.

Signature:		Date:	
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Please return this form to Council’s Administration building at 36 Linsley St, Cobar or via email mail@cobar.nsw.gov.au attention to the Planning & Environmental Services department.