

Have you witnessed a violation of food product regulations?

Have you found a foreign body in a food item?

Have you felt ill after eating a food item?

You can file a complaint by completing the following form. All complaints are handled confidentially.

* Mandatory fields

Your contact information

This information allows us to contact you to obtain any additional information. Note that only health-related complaints will be recognized.

Also note that if the complaint involves food poisoning, it is essential that we be able to contact you by phone to ensure optimal follow-up on your statement. If you would rather not provide your phone number, please enter as much information as possible in the Description field so that inspection is made easier.

Given name:

Surname:

Address:

Municipality:

Phone number:

Email:

Contact information of the establishment concerned

So that your complaint can be handled, indicate the name and address of the food establishment concerned.

* Name of the establishment:

* Address:

Date and description

Indicate the date of the event and describe your complaint in detail. If you are reporting a case of food poisoning, check YES and describe your symptoms.

*Date of the incident:

*Description:

Are you reporting a case of food poisoning?

No Yes

Symptoms:

Vomiting

Nausea

Cramps

Fever

Numbness

Diarrhea

Headache

Dizziness

Date of the onset of symptoms:

Time of the onset of symptoms: