



Illinois Department of Agriculture

Bureau of Meat & Poultry Inspection

Consumer Complaint Form (MI-60)

Complaint Description

Does your complaint involve any of the following: *

Date Incident Occurred *

Month Day Year

Complaint Type *

- Illness/Injury
- Foreign Object
- Off Taste/Off Odor/Off Appearance
- Misbranding/Mislabeling
- Other

Did you require medical attention?

Please provide a brief description of the incident *

Product Information

Name of Product *

Product Description *

Package Codes/Lot Number

Product Date Type

Date on Package

Month Day Year

Establishment Number on Package

Product Was: *

Purchased

Observed

Other

Date of Purchase/Observation *

Month Day Year

If purchased, do you have any product remaining?

Name of Store/Restaurant where product was purchased/observed *

Address of Store/Restaurant where product was purchased/observed

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

How May We Contact You

Do you wish to remain anonymous? *

Salutation

Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code

Phone Number

Email

example@example.com

To submit, please download and save this form.

Email completed form to: AGR.ASK.BMPI@illinois.gov