Chapter 6 - Consumer Complaints

Purpose

The purpose of this policy is to outline the system for handling consumer complaints

Policy

6.1 Receiving Complaints

Complaints come to the program through a variety of communication methods, such as emails, phone calls, a referral from another agency, etc. Sufficient information is obtained from the complainant to enable the evaluation of the complaint. When complaints are received by anyone in Surveillance the information is sent to Policy, Standards, and Quality Assurance to put logged as a complaint in the database.

6.2 Evaluating Complaints

Complaints will be reviewed by Policy, Standards, & Quality Assurance and referred to the appropriate Surveillance manager, jurisdiction, another agency, or the local health department. Timeframes for complaint completion is outlined in Chapter 3 in the Risk Matrix and Inspection Frequency Guidance document.

Non-Injury/Illness Complaint – does not present a hazard to health that would require immediate follow-up. Some examples are: mold in beverages, obvious filth, or insects in canned foods.

Foodborne Illness, Injury/Illness-related, and Sanitation Complaints – serious claims requiring prompt attention. Some examples are seizures, severe respiratory distress, asthmatic or anaphylactic attacks, sewage backup in a firm, lack of water, or metal fragments in food products. Consumer complaints relating to foodborne illness will be referred to the Department of State Health Services Environmental Epidemiology and Disease Registries Section.

Federal Partner Complaints – Complaints about products manufactured out-of-state will be referred to the appropriate federal agency (Food and Drug Administration / United States Department of Agriculture).

Complaints that are not under the program jurisdiction – These complaints will be referred to the appropriate Department of State Health Services program, another agency, or the local health department.

Reference Documents

Guidance

6 a – Complaint Guidance