

Alleged food poisoning



City of HOBART

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

- Battery Point
- Dynnyrne
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
- Lower Sandy Bay
- Mount Nelson
- Mount Stuart
- New Town
- North Hobart
- Queens Domain
- Ridgeway
- Sandy Bay
- South Hobart
- Tolmans Hill
- West Hobart

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

Name of or description of suspected food eaten (if known) Required

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

What date 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
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Approximately what time on this date? Required

What date was the suspected food eaten? Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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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

Complete this field if you made a selection that includes 'other' in *Symptoms: What symptoms did you suffer?*

Please provide details Required

What was the duration of your symptoms? (Select 1 or more options) Required

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

Are you or the person affected still sick? (Select 1 option) Required

- Yes
- No

Was a doctor consulted? (Select 1 option) Required

- Yes
- No

Complete this field if you selected 'Yes' in *Symptoms: Was a doctor consulted?*

Please provide the doctors details (name and address) Required

Complete this field if you selected 'Yes' in *Symptoms: Was a doctor consulted?*

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

- Yes
- No

Complete this field 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

Complete this field 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

Complete this field if you selected 'Yes' in *Symptoms: Did anyone else eat the suspect meal?*

Please detail below Required

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