COMPLAINT FORM FOR USDA FOODS

**\**ALL LINES MUST BE COMPLETED*\***

Name of Recipient Agency:

Address:

Telephone:

Name of Food Service Manager:

Name of Food: Pack Date/Lot #:

Date Received: Amount Received:

Date Problem Discovered: Amount on Hand:

Date State Distributing Agency Notified:

Where and how was food stored?

Describe Problem:

Was it necessary to dispose of USDA food? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

CONCLUSION (FOR STATE USE ONLY)

Inspection Requested: Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Inspection:

Date Inspection Report Received at State Distributing Agency:

Other Comments: