

**COMPLAINT INFORMATION  
FOR  
REPORTING COMPLAINTS ON  
USDA DONATED COMMODITIES**

<b>Recipient Agency Name:</b> (School, TEFAP, CSFP, FDIR, Warehouse)	<b>Address:</b>  <b>City:</b> <span style="float: right;"><b>State:</b></span>
<b>Contact Person:</b>	<b>Title:</b> <b>Phone #:</b> <b>Fax #:</b>

**Date Complaint Filed:**

**Commodity Name & Commodity Code:**

**Description of Problem/Complaint:**

**REASON FOR COMPLAINT**

1. <input type="checkbox"/> Seeking Replacement	2. <input type="checkbox"/> Vendor Response Requested
3. <input type="checkbox"/> Isolated Incident, Notify Vendor,	4. <input type="checkbox"/> For Information Only
No Response Necessary	
5. <input type="checkbox"/> Other: (Fill in Remarks)	

**IMPORTANT INFORMATION NEEDED TO RESEARCH COMPLAINT  
(Please fill in as much information as possible)**

<b>Contract #:</b>	<b>Delivery Order #:</b>	<b>N/D#:</b>	<b>Lot#:</b>	<b>Box#:</b>
<b>Can Codes:</b>	<b>Pack Date:</b>	<b>Amount Rec'd:</b>	<b>Date Product Rec'd by SDA:</b>	
<b>Date Product Shipped to RA:</b>	<b>Date Product Rec'd by RA:</b>	<b>Injury from Product</b>		
		[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No		

**Amount of Product Remaining at R/A site:**

**Product on Hold at R/A site: Yes** [  ] **No** [  ] **Amount:**

**Physical location of product on hold:**

**Vendor (IF KNOWN):**

**Is Product Under Warranty:** Yes [  ] No [  ]

