



Vendor/Product Complaint Form

Date:

School:

Manager:

Directions: When you receive a complaint regarding a company or product, complete the **Vendor/Product**

Complaint Form in its entirety and email or fax to:

Carolyn Nelson

Marsha Taylor, RDN

cnelson@rvaschools.net

mtaylor7@rvaschools.net

Fax #: (804) 771-7006

Vendor Complaint:		Explanation:
<input type="checkbox"/>	Not delivered as scheduled:	
<input type="checkbox"/>	Delivered after 3:00 pm.:	
<input type="checkbox"/>	Product Damaged:	
<input type="checkbox"/>	Incorrect Product/Brand:	
<input type="checkbox"/>	Unapproved substitution:	
<input type="checkbox"/>	Incomplete Order; Item(s) Missing:	
Product Complaint:		
<input type="checkbox"/>	Product Damaged, e.g. dent can, open package, etc.	
<input type="checkbox"/>	Product Contains Foreign Object or Substance	
<input type="checkbox"/>	Product(s) Quality Below Standards	
<input type="checkbox"/>	Other:	

Product Complaint			
Date Incident Occurred:			
Name of Complainant(s):			
Complainant(s) Contact Information:	Phone Number:		Email:
	Phone Number:		Email:
Name of Witness(s)			
Witness(s) Contact Information:	Phone Number:		Email:
	Phone Number:		Email:
Implicated Food Confiscated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Picture Available & Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Implicated Food Product Description:			
Manufacturer:		MFGR #:	Pack Size:
Distributor (✓):	<input type="checkbox"/> US Foods	<input type="checkbox"/> Dori	<input type="checkbox"/> Keany <input type="checkbox"/> Lovings <input type="checkbox"/> Other:

Details of Incident:



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Additional Information/Pictures

Signature of Person Completing Form _____ Date: _____

Signature of Person Completing Form:

_____ Date: _____

Signature of SNS Staff Processing the Complaint Form:

_____ Date: _____



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