



## USDA Foods Complaint Form



Sponsor Name:

Participant Number:

Name of USDA Food:

Case Code:

Can Code:

Product Code:

Pack Size:

Packing Date on Sack or Case:

Number of Units Received:

Date Received:

Quantity of Product Affected:

Quantity of Remaining Affected USDA Foods:

Physical Address of Remaining USDA Foods:

Describe Problem/Condition:

Specific Circumstances Involved:

**Save:**

**Product:** Segregate and clearly mark remaining unopened product so it isn't accidentally used until you receive further guidance from the State Agency.

**Photographs:** Take photographs of product, if possible, and send to State Agency.

**Object(s) Found:** Send to State Agency or take photograph and send photograph to State Agency.

Sponsor Representative Name:

Title:

Signature:

Date:

**State Agency Use Only:**

Sales Order #:

Purchase Order #:

Number of Units Received:

Date Received:

Processor's Name:

Date Complaint Submitted to USDA:

USDA Complaint Number:

Additional  
Notes:

Reviewed by:

Signature:

Date: