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| Section A | To file a complaint, complete the following: |
| 1 Contact information (*person filing complaint)* |
| [ ] **Check if Anonymous** | **Complaint Type:** CHOOSE AN ITEM. |
| First Name | Last Name | Phone and/or E-mail |
| Mailing Address      | City, State, ZIP Code      |
| 2 complaint about a contracting entity or individual  |
| Name and Address of contracting entity (CE) delivering service or benefit (if applicable) | CE ID (if known)       |
| If complaint is against an individual, enter the name and contact information      | Relationship to CE or individual      |
| Describe complaint in detail, including date and time incident occurred. Please attach any relevant documentation that supports the complaint or alleged violation.   |
| secTION B | To list person(s) with information or knowledge about the incident, complete the following: |
| 1 witness information |
| First Name      | Last Name      | Phone and/or E-mail      |
| Mailing Address      | City, State, ZIP Code      |
| section C | 1 complainant SIGNATURE [x]  *SIGNATURE NOT AVAILABLE* |
| Signature of ComplainantComplaint received via Email  | Date  |
| secTION D | 1 TDA INTERNAL USE ONLY | ESC REGION Choose an item. | F&N REGION Choose an item. |
| Complaint Received by [ ] Phone [ ]  Email [ ] Walk-in [ ]  Fax [ ]  Mail Service [ ] Footprint Ticket |
| IQ Number and/or Footprint Ticket | F&N Program Section [ ] CACFP [ ] SFSP [ ] SNP [ ] Commodities [ ] Employee [ ] Other:       |
|  F&N Receiving Staff | Title | Date   |
| Referred To | Title | Date Click here to enter a date |