|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  *SIGNATURE NOT AVAILABLE* | | | | | | | | |
| Signature of Complainant  Complaint 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 | |