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 Remainir	ng Affected USDA Foods:	
Physical Address of Remaining USDA Foo	ods:		
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 <u>USDAFoodsTeam</u> email. Object(s) Found: Send to State Agency or take photograph and send photograph to <u>USDAFoodsTeam</u> email.			
Sponsor Representative Name:		Title:	
Signature:		Date:	
State Agency Use Only:			
Sales Order #:	Purchas	e Order #:	
Number of Units Received:	Date Receive	:d:	
Processor's Name:			
Date Complaint Submitted to USDA:		USDA Complaint Number:	
Additional Notes:			
Reviewed by:	Signature:		Date: