

TEXAS DEPARTMENT OF AGRICULTURE
Food and Nutrition Division Complaint Form (Complaint Form)

SECTION A

TO FILE A COMPLAINT, COMPLETE THE FOLLOWING:

¹ CONTACT INFORMATION (PERSON FILING COMPLAINT)

<input type="checkbox"/> 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
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SECTION D

1 TDA INTERNAL USE ONLY	ESC REGION	F&N REGION
Complaint Received by	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Walk-in <input type="checkbox"/> Fax <input type="checkbox"/> Mail Service <input type="checkbox"/> Footprint Ticket	
IQ Number and/or Footprint Ticket	F&N Program Section <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP <input type="checkbox"/> SNP <input type="checkbox"/> Commodities <input type="checkbox"/> Employee <input type="checkbox"/> Other:	
F&N Receiving Staff	Title	Date
Referred To	Title	Date