TEXAS DEPARTMENT OF AGRICULTURE

Food and Nutrition Division Complaint Form (Complaint Form**)**

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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      |