#### INSTRUCTIONS FOR

## **Food & Nutrition Complaint Form**

The Food & Nutrition (F&N) Complaint Link is provided for persons wishing to file a complaint with F&N at the Texas Department of Agriculture. This Link is available in English and Spanish at <a href="https://squaremeals.org/About/ContactFoodandNutrition.aspx">https://squaremeals.org/About/ContactFoodandNutrition.aspx</a>

For assistance with the complaint process, or if you do not have access to an electronic device to submit your complaint, please call us at (833) 862-7499 and someone will assist you.

# **SECTION A (To File a Complaint)**

## **CONTACT INFORMATION (of Person Filing Complaint)**

- Select Yes or No from the dropdown menu if Anonymous
- Select Complaint Type Select complaint type from dropdown menu.
- Select a Complaint Sub Type from the dropdown menu if applicable
- Enter your First Name and Last Name
- Enter your Mailing Address Enter Street Address
- Enter your City, State, Zip Code Enter City, State, and Zip Code
- Enter your E-mail Address
- Enter best Telephone Number

## COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL

- Name and address of Contracting Entity (CE) delivering service or benefit (if applicable) Enter the name and address of the CE.
- CE ID (if applicable) If known, enter the Contracting Entity identification number assigned by TX-UNPS.
- If the complaint is against an individual, enter the name and contact information If the complaint is about a TDA employee, enter his/her name, if known.
- Relationship to CE or individual Enter the type of relationship you have with the Contracting Entity or individual (e.g., customer, employee or co-worker).
- Describe complaint in detail Provide relevant details including names, dates, times and specific allegations. Please include documentation to support any allegations. Use second page if more space is needed.

# **SECTION B (Witness Information - If there is a witness or someone else who has knowledge of the incident)**

### WITNESS INFORMATION

- Enter First Name and Last Name
- Enter Email Address and/or telephone number
- Mailing Address Enter Street Address, City, State, Zip Code

# Upload Supporting Documents in the box provided.

#### **SUBMITTAL**

When finished, Press Submit.

A letter of acknowledgment will be sent (unless the anonymous box is checked) within two TDA business days of complaint receipt by the Collaboration Administrative Assistant. In the event the letter of acknowledgment has not been received within one week, please call (833) 862-7499 for assistance.