

## INSTRUCTIONS FOR FOOD & NUTRITION USDA FOODS COMPLAINT

Food safety is extremely important for the health of USDA Foods recipients. If there is a problem with any received USDA Foods, agencies and warehouses should complete the USDA Foods Complaint and submit to the Texas Department of Agriculture (TDA) as soon as possible.

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### A: TDA OFFICE USE ONLY

**Do not complete this part.**

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### B: PRODUCT INFORMATION

1. **Warehouse Name and City**—Fill in the name of the Warehouse Company/Firm and city where the warehouse is located.
  2. **Sales Order Number** (for Direct Ship only)—Enter the number assigned by USDA to a particular USDA Foods shipment. Leave blank if unknown.
  3. **Box Number**—Enter the number as found on boxes or packages of products received from USDA or food processors, if available.
  4. **Can codes**—Enter the numbers found on top, at the bottom or on the side of the food can. These numbers are assigned by producers or processors of the products, if available.
  5. **Pack Date**—Enter the pack date as indicated on the box or can of the product. This date is usually assigned by the producers or processors. It is the date the manufacturer packed the product.
  6. **Amount of Product Received**—Enter the total amount of product in question received by the warehouse or direct ship from USDA and receipted for. See signed bill of lading.
  7. **Date Warehouse Shipped Product to Contracting Entity (CE)**—Enter the date the warehouse shipped products to CE as indicated on the invoice or bill of lading.
  8. **Date Product Rec'd by CE**—Enter the date the CE received the product shipped by the warehouse, if different from the shipping date (#7).
  9. **Injury from Product upon Receipt from Warehouse**—Check Yes or No. Injury means any food safety concern that may be identified and linked to the food received by the warehouse. If Yes, complete #25: "If the suspected USDA Food caused illness or injury, please enter any/all information that applies"
  10. **Photo/Picture Attached**: Check Yes or No. If photographs or pictures are available, include with this form.
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### C: COMPLAINANT INFORMATION

11. **Contact Name**—Enter the name of the person who should be contacted to provide information regarding this USDA Foods complaint.
12. **Contact Organization**—Enter the name of the organization filing this complaint. Example: Austin ISD.
13. **Phone & Fax No.**—Enter the organization telephone and fax numbers for further communication if needed.
14. **Email**—Enter the email address of the contact person
15. **Description of Complaint/Incident**—Provide a short and succinct explanation of incident that triggered the filing of this complaint.
16. **USDA Food Name/Brand Name**—Enter the regular product name and also provide the brand name of the USDA Food if available.

17. **Incident Date**—Enter the date identified as the day the incident occurred. See #24 on the complaint form for problem categories.
  18. **Material Number**—USDA 6-digit code used for product as found in TX-UNPS. Examples: 100256 for Strawberry Frozen Cups; 100351 for Beans Green Frozen
  19. **Quantity of Cases Affected**—Enter the number of cases/units of products that are estimated to have been affected by this complaint.
  20. **Quantity of Cases remaining at CE Site**—Enter the number of cases/units of affected products (recalled/hold) being held at all CE site(s) pending Food and Nutrition’s decision on disposition of the affected products.
  21. **Do you have the original packaging?**— Check Yes or No as appropriate. If Yes, see Packing Condition under #24.
  22. **Street Address of Remaining Products**—Enter the physical address where recalled/hold products are located. This may be needed by USDA or the vendor if the USDA Foods are to be picked up from a CE site.
  23. **Additional Remarks**—Provide any additional information that may be important for the processing of this complaint.
  24. **Select all categories that apply to the complaint you are filing**—Attach pictures, photographs or any support documentation of the affected product(s) when submitting this form. Complete any requested information and check all appropriate boxes.
  25. **If the suspected USDA Food caused illness or injury, please enter any or all information that applies**— Complete any requested information and check all appropriate boxes.
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## SUBMITTAL

### Mail to:

Texas Department of Agriculture  
Food and Nutrition  
Attn: Commodity Operations  
P.O. Box 12847  
Austin, Texas 78711

### Overnight to:

Texas Department of Agriculture  
Food and Nutrition  
Attn: Commodity Operations  
1700 North Congress Ave.  
Austin, Texas 78701

**E-mail to:** [CommodityOperations@TexasAgriculture.gov](mailto:CommodityOperations@TexasAgriculture.gov)

**Fax to:** 888-203-6593