

**USDA FOODS COMPLAINT**

<b>A: TDA OFFICE USE ONLY</b>		
<b>Customer Number:</b> 4000578	<b>Subject:</b> Texas Department of Agriculture	<b>Order Number:</b> Example: 50000XXXXX
<b>Product Description:</b> Example: Fat free Potato Wedges	<b>Incident Date:</b> (mm/dd/yyyy)	<b>Date Warehouse Rec'd USDA Food:</b> (mm/dd/yyyy)
	<b>Warehouse Number:</b>	
<b>Amount of Products Remaining/Hold at Warehouse:</b>		

<b>B: PRODUCT INFORMATION</b>			
1. <b>Warehouse Name and City:</b>	2. <b>Sales Order Number:</b> <i>(for Direct Ship only)</i>	3. <b>Box Number:</b>	4. <b>Can Codes:</b>
5. <b>Pack Date:</b> (mm/dd/yyyy)	6. <b>Amount of Product Received:</b>	7. <b>Date Warehouse Shipped Product to Contracting Entity (CE):</b> (mm/dd/yyyy)	8. <b>Date Product Rec'd by CE:</b> (mm/dd/yyyy)
9. <b>Injury from Product upon Receipt from Warehouse:</b>  Yes      No	10. <b>Photo/Picture Attached:</b>  Yes      No		

<b>C: COMPLAINANT INFORMATION. Examples: Contracting Entity (CE), Recipient Agency (RA), or Warehouse</b>			
<b>Enter contact information below:</b>			
11. <b>Contact Name:</b>	12. <b>Contact Organization:</b> Example: ABC ISD	13. <b>Phone &amp; Fax No:</b>	14. <b>Email:</b>

15. <b>Description of Complaint/Incident:</b> <hr/> <hr/> <hr/>			
16. <b>USDA Food Name/Brand Name:</b>	17. <b>Incident Date:</b> (mm/dd/yyyy)	18. <b>Material Number:</b>	19. <b>Quantity of Cases Affected:</b>
20. <b>Quantity of Cases Remaining at CE Site:</b>	21. <b>Do you have the original packaging?</b>  Yes      No		
22. <b>Street Address of Remaining Products:</b> <hr/> <hr/>			
23. <b>Additional Remarks:</b> <hr/> <hr/> <hr/>			

24. \*You may attach any pictures/photos or support documents of the affected products by email when you send this document to Food and Nutrition, Texas Department of Agriculture. Please retain the object until the complaint is resolved or you have been contacted by USDA to dispose of the product. If USDA requires the foreign object, the complainant will be contacted with mailing instructions

*Please select all that apply from one or more of the problem categories described below:*

**Quality of Product:**

Taste/Odor                       Appearance/Color                       Defects  
 Mold                                       Excess liquid by volume (canned products)  
 Other \_\_\_\_\_

**Foreign Material in Product:**

- Bones             Metal/Machine parts             Stems, Leaves, etc
- Insects/Insect parts             Glass             Plastic/ Rubber
- Rock

Object Dimension \_\_\_\_\_ \*if a foreign material in product has been identified, then you must input the object's dimension.

Other \_\_\_\_\_

**Packaging Condition:**

- Cans dented beyond use             Corrosion in cans             Bulging cans
- Leaking cans             Bags tear/pin holes             Not properly sealed
- Possible evidence of tampering             Exposure to contaminant
- Other \_\_\_\_\_

**Cooking or preparation issues:**

- Wrong color when cooked             Product does not perform well
- Excess breading             Undercooked
- Other \_\_\_\_\_

**USDA Food caused:**

- Allergic Reaction             Illness             Injury
- Other \_\_\_\_\_

Do you feel this complaint raises a food safety concern?  YES     NO

If this complaint is for information and trend analysis only, please check here:

**It is not always possible to replace product, but if you wish to request replacement, please check this box:**

25. *If the suspected USDA Food caused illness or injury, please enter any/all information that applies:*

**Number of people reporting illness:** \_\_\_\_\_

**Reported Symptoms:**

- Vomiting
- Choking
- Fever (temp>101.4)
- Headache
- Bleeding-sputum
- Numbness
- Nausea
- Laceration
- Difficulty breathing
- Dizzy/fainting
- Bleeding-vomit
- Muscle pain
- Diarrhea
- Broken tooth
- Rash
- Abdominal pain
- Bleeding stool
- Muscle weakness
- Other \_\_\_\_\_

**When was the onset of symptoms?**

- Immediate
- Later
- Other, please describe \_\_\_\_\_

**Did this person(s) seek medical assistance?**  YES  NO

**Did the Health Department investigate?**  YES  NO

**Was lab test ordered?**  YES  NO

**If yes, identify the type of lab test(s)?**

**Lab Tests:**

- Blood
- Urine
- Feces
- Other \_\_\_\_\_

**Did test(s) identify the causes?**  YES  NO

**If yes, please explain:** \_\_\_\_\_

PLEASE FAX/EMAIL COMPLETED FORM AND PHOTOS TO COMMODITY OPERATIONS AT  
 Email: [CommodityOperations@TexasAgriculture.gov](mailto:CommodityOperations@TexasAgriculture.gov) Fax Number: (888) 203-6593