

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

**SECTION A**

**TO FILE A COMPLAINT, COMPLETE THE FOLLOWING:**

**<sup>1</sup> CONTACT INFORMATION (PERSON FILING COMPLAINT)**

<input type="checkbox"/> <b>Check if Anonymous</b>		<b>Complaint Type:</b> CHOOSE AN ITEM.
First Name	Last Name	Phone and/or E-mail
Mailing Address	City, State, ZIP Code	

**<sup>2</sup> 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:**

**<sup>1</sup> WITNESS INFORMATION**

First Name	Last Name	Phone and/or E-mail
Mailing Address	City, State, ZIP Code	

**SECTION C**

**<sup>1</sup> COMPLAINANT SIGNATURE**

**SIGNATURE NOT AVAILABLE**

Signature of Complainant Complaint received via Email	Date
--	------

## SECTION D

<b><sup>1</sup> TDA INTERNAL USE ONLY</b>	ESC REGION CHOOSE AN ITEM.	F&N REGION CHOOSE AN ITEM.
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