

USDA COMMODITY
WAREHOUSE/DISTRIBUTION COMPLAINT

COMPLAINT NO. _____
(State Use Only)

STATE: Alabama TEL: (334) 694-4659 Email: FoodDist@ALSDE.edu

SCHOOL/RECIPIENT AGENCY REGISTERING COMPLAINT:

NAME OF SCHOOL/RECIPIENT AGENCY: _____

ADDRESS: _____

CONTACT: _____ TELEPHONE: _____

DATE INCIDENT OCCURRED CAUSING THIS COMPLAINT: _____

REASON FOR COMPLAINT: _____

WAREHOUSE INVOLVED IN THE COMPLAINT:

NAME OF WAREHOUSE: _____

ADDRESS: _____

PERSON CONTACTED AT THE WAREHOUSE TO RESOLVE THE COMPLAINT: TELEPHONE:

WAS THE COMPLAINT RESOLVED TO YOUR SATISFACTION? YES _____ NO _____

IF THE COMPLAINT WAS NOT RESOLVED TO YOUR SATISFACTION, WHAT DO YOU SUGGEST BE DONE
TO RESOLVE THE PROBLEM? _____

BY: _____ POSITION: _____
(Signature of person registering this complaint)

DATE: _____

PLEASE TYPE & USE ADDITIONAL PAGES IF NECESSARY FOR COMPLAINT DESCRIPTION