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

SECTION A

TO FILE A COMPLAINT, COMPLETE THE FOLLOWING:		
[1] CONTACT INFORMATION (*PERSON FILING COMPLAINT)*		
☐ **Check if Anonymous**	**Complaint Type:** CHOOSE AN ITEM.	
First Name	Last Name	Phone and/or E-mail
Mailing Address	City, State, ZIP Code	
[2] 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:		
[1] WITNESS INFORMATION		
First Name	Last Name	Phone and/or E-mail
Mailing Address	City, State, ZIP Code	

SECTION C

[1] COMPLAINANT SIGNATURE ☒ ***SIGNATURE NOT AVAILABLE***	
Signature of Complainant Complaint received via Email	Date

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SECTION D

[1] **TDA INTERNAL USE ONLY**	ESC REGION CHOOSE AN ITEM.	F&N REGION CHOOSE AN ITEM.
Complaint Received by	☐ Phone ☐ Email ☐ Walk-in ☐ Fax ☐ Mail Service ☐ Footprint Ticket	
IQ Number and/or Footprint Ticket	F&N Program Section ☐ CACFP ☐ SFSP ☐ SNP ☐ Commodities ☐ Employee ☐ Other:	
F&N Receiving Staff	Title	Date
Referred To	Title	Date

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