

Product Complaint Form

Instructions: Food supervisor or recipient agency/district/school should complete this form and submit directly to the Federal Food Commodities Program of the Government Support Services Division as soon as possible after a problem is discovered. **Please include photographs of the problem and use a reference item for scale if appropriate.**

GOVERNMENT SUPPORT SERVICES
FEDERAL FOOD COMMODITIES PROGRAM
P. O. BOX 299
DELAWARE CITY, DE 19706
Tel.: (302) 834-4512 Fax: (302) 836-7642

Incident Date: _____ Date Recipient Received Commodity: _____

Complainant Name: _____ Title: _____

Complainant Email: _____ Telephone: _____

Material# _____ Product Description: _____

Brand Name: _____

Lot Number: _____

Establishment Number: _____

Quantity Affected: _____ Quantity Remaining: _____

Packing Date: _____ Problem(Condition of Commodity) _____

Location of Commodity: _____

Quality of Product
Please check all that apply

Taste/Odor _____ Mold _____ Appearance/Color _____ Defects _____

Other: _____

Foreign Material in Product:

Bones _____ Insects/Insect parts _____ Rock _____ Metal/Machines Parts _____

Glass _____ Stems, Leaves, etc. _____ Plastic/Rubber _____ Object Dimension _____

Packaging Condition:

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

Cooking or Preparation issues:

Wrong Color when cooked _____ Undercooked _____ Product does not perform well _____
Excess breading _____ Other _____

Commodity:

Allergic Reaction _____ illness _____ Injury _____ Other _____