USDA COMMODITY
WAREHOUSE/DISTRIBUTION COMPLAINT

COMPLAINT NO. ____________________  
(State Use Only)

STATE:  Alabama    CONTACT PERSON:  Frank Speed  TEL:  (334) 242-8237  FAX:  (334) 353-5388

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