

COMPLIANCE REFERRAL FORM

Request Taken By:

Date:

<u>COMPLIANCE OFFICER</u>	<u>VMO</u>	<u>VMO</u>
<input type="checkbox"/> Craig Philyaw	<input type="checkbox"/> Dr. Martha Styles	<input type="checkbox"/> Dr. Rhonda Greene
<input type="checkbox"/> Daniel Moody	<input type="checkbox"/> Dr. Michelle Evans	
<input type="checkbox"/> Marvin Lackman	<input type="checkbox"/> Dr. David Gray	
<input type="checkbox"/> Philip Renshaw	<input type="checkbox"/> Dr. Lee Hunter	
<input type="checkbox"/> Jake Groce	<input type="checkbox"/> Dr. Ivey Smith	

TYPE OF PROBLEM

Consumer Illness Recall Illegal Meat Handler Farmer Poultry Exemption

Name:		Product(s):
Address:		Company/Est.:
City/Zip:		Company/Est. Address:
Phone No.:	County:	Contaminant/Foreign Material:
Comments:		

DISTRIBUTION (by email): 1. Area Compliance Officer/VMO 2. Compliance Supervisor 3. W. Alan Wade 4. Dr. Beth Yongue 5. Tara Williams