

# USDA Foods Complaint Form

INITIAL REPORT | Complete all fields you can. Enter N/A when information is not available.

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**URGENT:** If illness, injury, allergic reaction, choking, tampering, or a widespread safety risk is suspected, stop serving the product, place affected product on hold, preserve evidence/packaging, and contact the Division promptly.

## 1. REPORTING ORGANIZATION AND CONTACT

Agency / Recipient Agency (RA):

Complaint location / site:

County:

Street address:

Contact person:

Title:

Phone:

Email:

Date reported:

## 2. COMPLAINT SUMMARY AND IMMEDIATE SAFETY SCREEN

Complaint category (check all that apply):

- |                                              |                                                 |                                                |                                           |
|----------------------------------------------|-------------------------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Foreign object      | <input type="checkbox"/> Quality / condition    | <input type="checkbox"/> Packaging / container | <input type="checkbox"/> Shortage / count |
| <input type="checkbox"/> Labeling / allergen | <input type="checkbox"/> Temperature / delivery | <input type="checkbox"/> Illness / injury      | <input type="checkbox"/> Other            |

Describe what happened and what was observed. Include appearance, size, color, odor, texture, and how the issue was discovered.

Was any affected product served or consumed?

☐ Yes☐ No☐ Unknown

Estimated servings:

Any illness, injury, allergic reaction, choking, or medical treatment?

☐ Yes☐ No☐ Unknown*If yes, indicate number affected, symptoms/injury, medical care, and whether local/state health officials were notified.*

## 3. PRODUCT IDENTIFICATION

*Please use documentation and other information such as the label, case, can/container, bill of lading, etc. Attach clear photos of every code.*

USDA Foods description:

USDA material no.:

Vendor / processor / brand:

Product name:

Pack size:

Lot / can / case code:

Best if used by / exp.:

UPC / GTIN / barcode:

PO / delivery order no.:

Delivery / receipt date:

Warehouse / distributor:

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DETAILS, PRODUCT CONTROL, AND REQUESTED RESOLUTION

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## 4. INCIDENT DETAILS

Date discovered:  Time discovered:  Meal / service:

Exact area found:  Found by (name/title):

Stage when issue was found (check one):

☐ Unopened package ☐ During preparation ☐ During service ☐ After serving / eating

For foreign objects or defects, explain exactly where the item/defect was located and its approximate dimensions.

## 5. QUANTITY AND PRODUCT CONTROL

*Please do not discard affected product or foreign material without consulting with the Division or another regulatory authority. When disposal is authorized, follow your HACCP plan and established internal procedures.*

Unit(s) affected:  Cases affected:  Cases on hand / hold:

Total quantity received:  Quantity served / used:

Immediate actions taken (check all that apply):

☐ Stopped service/use ☐ Placed product on hold ☐ Isolated affected unit(s)  
☐ Notified staff/management ☐ Notified health authority ☐ Other

Where and how is the product/evidence being held? Include temperature and storage location.

Evidence retained (check all that apply):

☐ Affected product ☐ Foreign object ☐ Can/container ☐ Case/label ☐ Sample

## 6. SUPPORTING DOCUMENTATION

☐ Product / object photos ☐ Codes / label photos ☐ Case / packaging photos  
☐ Invoice / bill of lading ☐ Menu / production record ☐ Other documentation

Attachment file names / notes:

## 7. REQUESTED RESOLUTION AND CERTIFICATION

Requested action (check all that apply). We cannot guarantee replacement or credit/reimbursement:

☐ Guidance / investigation ☐ Replacement ☐ Credit / reimbursement ☐ Tracking only

I certify that the information provided is accurate to the best of my knowledge.

Submitted by:  Title:  Date: