

COMPLIANCE REFERRAL FORM

Request Taken By:

Date:

Daniel Moody Marvin Lackman Philip Renshaw Melanie Pollard David Gonzalez

REGISTRATION

Meat Handler

Poultry Exempt

Name:

Product(s):

Address:

City/Zip:

Phone No.:

County:

Email Address:

TYPE OF PROBLEM

Consumer

Illness

Recall

Illegal

Name:

Product(s):

Address:

Company/Est.:

City/Zip:

Company/Est. Address:

Phone No.:

County:

Contaminant/Foreign Material:

Complaint Risk Level:

Email Address:

Comments:

DISTRIBUTION (by email): 1. Area Compliance Officer 2. Daniel Moody 3. Shelia Hall 4. Pam Flood