



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
 THE EMERGENCY FOOD ASSISTANCE PROGRAM
USDA FOODS COMPLAINT FORM

RECIPIENT AGENCY NAME		
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ADDRESS	CITY	STATE MO
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CONTACT PERSON		
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TITLE	TELEPHONE NUMBER	FAX NUMBER
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MATERIAL NAME	MATERIAL CODE	DATE COMPLAINT FILED
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DESCRIPTION OF PROBLEM/COMPLAINT

REASON FOR COMPLAINT

<input type="checkbox"/> SEEKING REPLACEMENT	<input type="checkbox"/> VENDOR RESPONSE REQUESTED
<input type="checkbox"/> ISOLATED INCIDENT; NOTIFY VENDOR (NO RESPONSE NEC.)	<input type="checkbox"/> FOR INFORMATION ONLY
<input type="checkbox"/> OTHER (SPECIFY):	

IMPORTANT INFORMATION NEEDED TO RESEARCH COMPLAINT
 (Please fill in as much information as possible)

PURCHASE ORDER #	SALES ORDER #	S/O ITEM #	LOT #	BOX #
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CAN CODES	PACK DATE	AMOUNT RECEIVED
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DATE PRODUCT SHIPPED TO RA	DATE PRODUCT RECEIVED BY RA	INJURY FROM PRODUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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AMOUNT OF PRODUCT REMAINING AT R/A SITE

PRODUCT ON HOLD AT R/A SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT:
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PHYSICAL LOCATION OF PRODUCT ON HOLD

VENDOR (IF KNOWN)

IS PRODUCT UNDER WARRANTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
