



Food & Nutrition Division

Complaint Form

**USDA Foods
Processed End Products**

Please Submit Complaint to FND@agri.nv.gov

Sponsor Reporting Complaint: _____

Contact Person: _____ Title _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax: _____

Product Code: _____

Product Name: _____

IMPORTANT INFORMATION NEEDED TO RESEARCH COMPLAINT

Please provide as much information as possible

NDA Invoice # _____ Sales Order # (direct shipment) _____

Date Received: _____

Name of Manufacturer: _____

Case Information: Lot # _____ Pack Date _____ Other _____

Case Information: Lot # _____ Pack Date _____ Other _____

Case Information: Lot # _____ Pack Date _____ Other _____

Case Information: Lot # _____ Pack Date _____ Other _____

Case Information: Lot # _____ Pack Date _____ Other _____

Case Information: Lot # _____ Pack Date _____ Other _____

Case Information: Lot # _____ Pack Date _____ Other _____

Amount of Product Remaining at site _____

Physical Location where product is being held: _____

Is Sponsor requesting a replacement? YES NO

If yes, how many cases to replace? _____

Please send NDA receiving paperwork along with complaint.

Date Complaint Filed: _____

Please provide a detailed description of the Problem/Complaint: _____

Poor Quality

Broken/Smashed Cases

Bad Taste

Poor Condition

Found object in product? If so, what _____

Injury from product? Yes No

If so, what _____

If possible, please attach a picture of product to this complaint form.

NDA received complaint on _____

Complaint Submitted to WBSCM on _____

Complaint Forwarded to Processor on _____

Complaint Resolved on _____

NDA Reviewed and Approved By

Date