

ALABAMA

STATEWIDE PROCUREMENT PRODUCT COMPLAINT FORM & INSTRUCTIONS

COMPLAINT # _____
(State Use Only)

Please complete in as much detail as possible. NOTE: If the food is not a canned item, you may not be able to complete the code date section. Be as specific as possible on describing the problem or complaint. Please send a sample of any foreign material found in a food item along with the complaint. Please contact Mr. Donny Cooper, Administrator, Food Distribution and Special Nutrition Programs at (334) 242-8237.

Name of School System: _____ Delivery Region # 1 2 3 4 5 6
(Circle One)

Name of School or Agency: _____

Address: _____
P. O. Box or Street City Zip Code

Telephone: _____ Date of Complaint: ____ / ____ / ____

Product Name/Description: _____ State Item #: _____

Manufacturer: _____ Product Code #: _____

Distributor: _____ Distributor Stock #: _____

Invoice #: _____ Invoice Date: _____

Code Date: _____ Establishment # (Meat items only): _____

Amount Received: _____ Amount Used: _____ Balance on Hand: _____

Reason for Complaint: Seeking Replacement Unauthorized sub. Damaged Product
 Unsatisfactory Vendor Response Failure to maintain adequate supply Sales decrease on day
item is used Change in appearance, size, or packaging from original specs. Other

Description of Problem/Complaint: _____

“Printed” Name and Title of Person making report: _____

Signed: _____ Date Complaint Sent to the State: ____ / ____ / ____
(Name of person making this report)

(Copy should also be sent to the Distributor on the date shown above)