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)