

# Complaint Form USDA Donated Foods

## RECIPIENT AGENCY USE ONLY

Recipient Agency Name:	Address: (Include Street, City, State, And Zip)
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Contact Person:	Title:	Phone #:
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Date:	Commodity:
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Contract #:	Lot #:	Case/Box #:	Can Code:
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Pack Date:	Date Received:	Amount Received	Vendor:
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Location Of Product:	Amount Product Remaining:
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Reason For Complaint:

Seeking Replacement: {    }	For Information Only: {    }	Isolated Incident: {    }
Other: {    }	Vendor Response Requested: {    }	

Description Of Problem/Complaint: (Hand Written Or Typed)

Return this completed form to:  
NE Food Distribution Program  
PO Box 95026  
Lincoln, NE 68509

Or Fax to:  
NE Food Distribution Program  
402-742-2328