USDA Foods Product Complaint Form

Date:	-	
Name: RA: Number:		ber:
Contact Person:		_
Phone Number:	Email Address:	
Please attach a picture of the	product/can etc. to document your co	ncern.
Check boxes as appropriate:		
Foreign Material Pa	ackaging Conditions (Quality of Product
Bones	Cans Dented Beyond Use	Taste/Odor
Insects/Insect Parts	Leaking Cans	Mold
Rocks	Possible Evidence of Tampering	Appearance/Color
Metal/Machine Parts	Corrosion in Cans	Usability
Glass	Bags Torn/Pin Holes	Other
Plastic/Rubber	Bulging Cans	
Other	Not Properly Sealed	
	Other	
WAREHOUSE CONCERNS:		
Please use your picking ticket or r	monthly allocation sheet to complete t	he following information:
NJDA Code:	Name of Product:	
Date of Receipt:	Amount Received:	
Amount Currently on Hand:		
Please use the actual product or i	nformation from the box to complete	the following information:
Manufacturer:	Lot Number:	
Please explain your concern:		

PROCESSING CONCERNS: Manufacturer: Date Received: End Product #:_____ Invoice Number:_____ Distributor: Amount Received:_____ Amount Currently On Hand:_____ *Submit a copy of your invoice with this form. Please explain your concern: Is your issue resolved or does it require follow up from the New Jersey Department of Agriculture? Issue Resolved: Follow Up Needed:

Please save this form as a .pdf document and email as an attachment to Justin.phifer@ag.state.nj.us .

If unable to save and email the document, then please FAX to Justin Phifer @ (609)984-5367.

*If the complaint involves an illness or injury please adhere to your district/school protocols. Additionally, please call Justin Phifer @ (609) 292-4683 in addition to submitting this form.