



5.8 Customer Complaint Form

Complete this form and deliver it to the Agency Relations Coordinator. We will contact you as soon as possible to start our investigation of this complaint and will provide all necessary follow up.

Name of Agency filing complaint

Complete name of person filing complaint

Daytime phone number of person filing complaint

Provide the date on which this incident occurred.

Describe the nature of incident or action that led to the complaint

On what basis does the complainant feel food safety was compromised? Be specific as possible, for example: packaging, truck, delivery, temperature of products, etc.

Name of person completing form

Date
