



Illinois State Board of Education

100 North First Street, W-270
Springfield, Illinois 62777-0001

USDA FOODS COMPLAINT FORM FOR REPORTING COMPLAINTS WITH USDA FOODS

NUTRITION AND WELLNESS PROGRAMS DIVISION

Directions: Please complete form electronically and e-mail to cnp@isbe.net. **Handwritten and faxed copies will not be accepted.**

USDA FOODS NAME AND CODE

RECIPIENT AGENCY (RA) NAME

SCHOOL AGREEMENT NUMBER

ADDRESS (Street, City, State, Zip)

CONTACT NAME

TITLE

TELEPHONE (Include Area Code)

FAX (Include Area Code)

E-MAIL

DATE COMPLAINT FILED

REASON FOR COMPLAINT

DESCRIPTION OF PROBLEM/COMPLAINT*

*Please attach photos to e-mail showing damage, spoilage, foreign objects, etc. Lack of photos may delay processing.

- 1. Seeking replacement
- 2. Vendor response requested
- 3. Isolated incident, notify vendor
- 4. For information only
- 5. Other – Please describe:

IMPORTANT INFORMATION NEEDED TO RESEARCH COMPLAINT

Please complete as much information as possible.

CONTRACT NO.	CAN CODES	PACK DATE	BOX NO.	INJURY FROM PRODUCT <input type="checkbox"/> YES <input type="checkbox"/> NO
LOT NO.	NO. OF CASES RECEIVED	DATE PRODUCT RECEIVED BY RA	PRODUCT ON HOLD AT RA SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
AMOUNT OF PRODUCT REMAINING AT RA SITE NUMBER OF CASES		PHYSICAL LOCATION OF PRODUCT ON HOLD		
VENDOR NAME (IF KNOWN)		OTHER INFORMATION		

ISBE USE ONLY

SALES ORDER NUMBER:

DATE PRODUCT RECEIVED BY STATE DISTRIBUTING AGENCY