

ILLINOIS STATE BOARD OF EDUCATION

Nutrition and Wellness Programs Division

100 North First Street, W-270

Springfield, Illinois 62777-0001

**DELIVERY COMPLAINT FORM
FOR REPORTING DELIVERY COMPLAINTS ON USDA FOODS**

RECIPIENT AGENCY NAME	AGREEMENT NUMBER	
SITE NAME	SITE ADDRESS (Street, City, State, Zip Code)	
NAME OF PERSON FILING COMPLAINT	TITLE	
E-MAIL	TELEPHONE (Include Area Code)	FAX (Include Area Code)
DATE COMPLETED	TIME _____ A.M. _____ P.M.	

DESCRIPTION OF PROBLEM/COMPLAINT

ACTIONS TAKEN