Complaint Form





USDA Foods - Processed End Products

Please Submit Complaint to FND@agri.nv.gov

Sponsor Reporting Comp	olaint:			
Contact Person:	Title:			
Address:				
City:	State: Zip Code:			
Phone #:	Email:			
Product Code:	Product Name:			
IMPORTANT INFORMATION NEEDED TO RESEARCH COMPLAINT Please provide as much information as possible				
NDA Invoice #:	Sales Order # (direct shipment) _			
Date Received:	Name of Manufacturer:			
Number of Cases affect	ed: Date Complaint Filed:			
Case Information: Lot # _	Pack Date:	_ Other:		
Case Information: Lot # _	Pack Date:	_ Other:		
Case Information: Lot # _	Pack Date:	_ Other:		
Case Information: Lot # _	Pack Date:	_ Other:		
Case Information: Lot # _	Pack Date:	_ Other:		
Case Information: Lot # _	Pack Date:	_ Other:		
Amount of Product Remaining at Site (# of cases):				
Physical Location where product is being held:				

Is Sponsor requesting a	replacement?	Yes	No	
If yes, how many cases	to replace?			
Send receiving paperwork along with complaint and attach pictures of product to this form. If object in product, keep object until further instruction from NDA.				
Provide a detailed description of the complaint:				
Poor Quality	Broken/Smashed Case	s Bad	Taste	
Poor Condition				
Object found in product? If so, what:				
Injury from product? If so, what:				
	NDA Use Only			
NDA received complaint on:				
Complaint Submitted to WBSCM on:				
Complaint Forwarded to Processor on:				
Complaint Resolved on	:			
NDA Reviewed and An	proved By:			

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