

**Darlington County School District  
Office of Food Services**

**Product Complaint/Pick-up Form**

School Cafeteria Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Name of Product Involved: \_\_\_\_\_

Vendor Involved: \_\_\_\_\_

Date received product: \_\_\_\_\_

Product Code: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Number of Cases involved: \_\_\_\_\_

Description of product and/or its' condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check on of the following below:

\_\_\_\_ Yes, this product needs to be picked up by vendor

\_\_\_\_ No, this product does not need to be picked up

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For District Office Use:

Response Action: \_\_\_\_\_

Date: \_\_\_\_\_