

INSTRUCTIONS FOR Food & Nutrition Complaint Form

The Food & Nutrition (F&N) Complaint Form is provided for persons wishing to file a complaint with F&N at the Texas Department of Agriculture. This form may be downloaded at <http://www.squaremeals.org>.

For assistance with the complaint process, please call (833) 862-7499.

SECTION A (To File a Complaint)

1. CONTACT INFORMATION (of Person Filing Complaint)

- Check if Anonymous
- Select Complaint Type - Select complaint type from provided list and skip to Number 2 if Anonymous
- First Name - Enter First Name
- Last Name - Enter Last Name
- Phone and/or E-mail – Enter best telephone number and/or best e-mail address
- Mailing Address – Enter street address
- City, State, Zip Code – Enter City, State, and Zip Code

2. COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL

- Name and address of Contracting Entity (CE) delivering service or benefit (if applicable) - Enter the name and address of the CE.
- CE ID (if applicable) - If known, enter the Contracting Entity identification number assigned by TX-UNPS.
- If the complaint is against an individual, enter the name and contact information - If the complaint is about a TDA employee, enter his/her name, if known.
- Relationship to CE or individual - Enter the type of relationship you have with the Contracting Entity or individual (e.g., customer, employee or co-worker).
- Describe complaint in detail - Provide relevant details including names, dates, times and specific allegations. Please include documentation to support any allegations. Use second page if more space is needed.

SECTION B (Witness Information - If there is a witness or someone else who has knowledge of the incident)

1. WITNESS INFORMATION

- First Name - Enter First Name
- Last Name - Enter Last Name
- Phone and/or E-mail - Enter best telephone number and/or best e-mail address
- Mailing Address - Enter street address
- City State Zip Code - Enter City, State and Zip Code

SECTION C

1. COMPLAINANT SIGNATURE

- Signature - Unless anonymous, sign the form. Enter the date submitted.
- Signature not available - Check box if signature is not available.
- Enter the date the Complaint Form was completed.

SECTION D

1. TDA INTERNAL USE ONLY

- Enter ESC Region - Select ESC region from drop down provided.
- Enter F&N Region Area - Select Regional area from drop down provided.
- Enter how the complaint was received - Select from the provided list how the complaint was received.
- Internet Quorum /Footprint Ticket Number - Input IQ and/or Footprint ticket # assigned to this complaint upon input by Section Administrative Assistant.
- F&N Program Section - Select identified F&N Program participation.
- F&N Receiving Staff/Title - F&N Staff member who received the complaint verbally will enter their Name and Title.
- Date – Enter the date the complaint is received.
- Referred To - F&N staff refers the F&N Formal Complaint form to Quality Assurance Quality Control (QAQC) Section. Enter the name of the QAQC Director and/or Coordinator who will assign the complaint for research as applicable.
- Date - Enter the date the Complaint Form was referred.

SUBMITTAL

Submit written complaints and any documentation to TDA by mail, fax or by emailing a scanned copy.

If submitting a complaint via email, please submit the completed F&N Complaint Form and documentation to the following email address: FN.QAQC@TexasAgriculture.gov

If submitting a complaint via mail or fax, please submit the completed F&N Complaint Form and documentation to F&N:

F&N Headquarters

Texas Department of Agriculture, Food and Nutrition
P.O. Box 12847
Austin, Texas 78711
FAX: (888) 237-5226

A letter of acknowledgment will be sent (unless the anonymous box is checked) within one TDA business day of complaint receipt by the QAQC Section Administrative Assistant. In the event the letter of acknowledgment has not been received within one week, please call (833) 862-7499 for assistance.



Texas Department of Agriculture
Food & Nutrition Complaint Form (Complaint Form)

SECTION A	TO FILE A COMPLAINT, COMPLETE THE FOLLOWING:		
	¹ CONTACT INFORMATION (PERSON FILING COMPLAINT)		
	<input type="checkbox"/> Check if Anonymous	Select Complaint Type from drop down list Choose an item.	
	First Name	Last Name	Phone and/or E-mail
	Mailing Address	City, State, ZIP Code	
SECTION B	² COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL		
	Name and Address of contracting entity (CE) delivering service or benefit (if applicable)		CE ID (if known)
	If complaint is against an individual, enter the name and contact information		Relationship to CE or individual
	Describe complaint in detail, including date and time incident occurred. Please attach any relevant documentation that supports the complaint or alleged violation.		
SECTION C	TO LIST PERSON(S) WITH INFORMATION OR KNOWLEDGE ABOUT THE INCIDENT, COMPLETE THE FOLLOWING:		
	¹ WITNESS INFORMATION		
	First Name	Last Name	Phone and/or E-mail
SECTION D	¹ TDA INTERNAL USE ONLY		
	<input type="checkbox"/> SIGNATURE NOT AVAILABLE Signature of Complainant		
SECTION E	ESC REGION CHOOSE AN ITEM.		F&N REGION CHOOSE AN ITEM.
	Complaint Received by <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Walk-in <input type="checkbox"/> Fax <input type="checkbox"/> Mail Service <input type="checkbox"/> Footprint Ticket		
	IQ Number and/or Footprint Ticket	F&N Program Section <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP <input type="checkbox"/> SNP <input type="checkbox"/> Commodities <input type="checkbox"/> Employee <input type="checkbox"/> Other:	
	F&N Receiving Staff	Title	Date Click here to enter a date.
	Referred To	Title	Date Click here to enter a date.

COMPLAINT CONTINUATION

COMPLAINT DETAIL CONTINUED