Texas Department of Agriculture/ Departamento de Agricultura del Estado de Texas

Complaint Form for Food and Nutrition/Formulario para quejas del Comida y Nutricion

Fields marked with an asterisk (*) are required.

Contact Information/Informacion de Contacto

Person filing complaint/Persona sometiendo la queja

First and Last Name/Primer Nombre y Apellido

Enter your name OR select Anonymous. Ponga su nombre o eliga Anonimo.

Your Email Address/Correo Electronico Suyo

(Optional)/(Opcional)

Your Address/Tu Domicilio

(Optional)/(Opcional)

Your City/Tu Ciudad

(Optional)/(Opcional)

Your State/Tu Estado

(Optional)/(Opcional)

Your Zip Code/Tu Codigo Postal

(Optional)/(Opcional)

Your Telephone Number/Tu Numero de Telefono

(Optional)/(Opcional)

+1

Complaint about a Contracting Entity or Individual/ Queja contra una Entidad Contratante o Individuo

CE Name/Nombre de la Entidad Contratante

Complaint against Individual/ Queja - Individuo

Relationship to CE or Individual / Parentela con Entidad Contratante o Individuo

Describe your complaint/Describa su queja *

Upload supporting documentation / Suba Documentacion que Respalde su queja



Drop your files here

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Send me a copy of my responses

Submit

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