

Texas Department of Agriculture Food & Nutrition Complaint Form

COMMISSIONER SID MILLER

| TO FILE A COMPLAINT, COMPLETE THE FOLLOWING: | | | | | | | | |
|--|--|---|---|---|--|--|--|--|
| ¹ CONTACT INFORMATION (PERSON FILING COMPLAINT) | | | | | | | | |
| ☐ Check if Anonymous | | | | | | | | |
| First Name | Mido | dle Initial | Last Name | | | | | |
| Mailing Address | City, | City, State, ZIP Code | | | | | | |
| E-mail | | Phone (|) - | Extension | | | | |
| | | | | | | | | |
| ATTACHMENTS | | | | | | | | |
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| 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 | | | | | | | | |
| | | | | | | | | |
| | Check if Anonymous First Name Mailing Address E-mail 2 ATTACHMENTS 3 COMPLAINT ABOUT A CONTRACTING ENT Name and Address of contracting entity (CE) delivering service of benefit (if applicable) If complaint is against an individual, enter the name and contracting th | ¹ CONTACT INFORMATION (PERSON FILING COM Check if Anonymous First Name Midden Midden Midden Mailing Address E-mail City, 3 COMPLAINT ABOUT A CONTRACTING ENTITY Name and Address of contracting entity (CE) delivering service or benefit (if applicable) If complaint is against an individual, enter the name and contact in the complaint is against an individual. Relationship to CE or individual Describe complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail, including date and time incident occording to the complaint in detail. The complaint is a complaint in detail, including date and time incident occording to the complaint in detail. | TONTACT INFORMATION (PERSON FILING COMPLAINT) Check if Anonymous First Name Middle Initial Mailing Address City, State, ZIP Complaint Phone Total Complaint City, State, ZIP Complaint City, State, ZIP Complaint Phone Total Complaint CE ID (if the state of contracting entity (CE) delivering service or benefit (if applicable) CE ID (if the state of complaint is against an individual, enter the name and contact information and complaint is against an individual. | Techeck if Anonymous First Name Middle Initial Mailing Address City, State, ZIP Code E-mail Phone () - 2 ATTACHMENTS 3 COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL Name and Address of contracting entity (CE) delivering service or benefit (if applicable) CE ID (if known) The 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 do- | | | | |

Food and Nutrition Revised 01/01/2015

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| | TO LIST PERSONS WITH INFORMATION THE FOLLOWING: | ON OR KNOWLEDG | SE ABOUT THE INC | CIDENT, COMPLETE | | | | |
|-------------------------|---|-----------------------|------------------|------------------|--|--|--|--|
| | 1 WITNESS INFORMATION | | | | | | | |
| ON B | First Name | Middle Initial | Last Name | | | | | |
| SECTION B | Mailing Address | City, State, ZIP Code | | | | | | |
| • | E-mail | Phone () | - | Extension | | | | |
| | | • | | • | | | | |
| ¹ COMPLAINANT SIGNATURE | | | | | | | | |
| SECTION | Signature of Complainant | | | Date (mm/dd/yy) | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| D | ¹ TDA INTERNAL USE ONLY | | | | | | | |
| SECTION | F&N Receiving Staff | e (mm/dd/yy) | | | | | | |
| SECT | Referred To | e (mm/dd/yy) | | | | | | |

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