

COMPLAINT REPORTING INFORMATION FOR DEPARTMENT OF DEFENSE (DoD) PRODUCE

(Please complete a separate form for each specific product)

Section I: RECIPIENT INFORMATION	
1. Recipient Agency (RA) Name:	4. Contact Person / Title:
2. Address / City / State:	5. Consortium / Distributor Name:
3. Phone / E-mail:	6. Date Complaint Filed:

Section II: COMPLAINT INFORMATION
<i>(Please note: replacement/refund is at the discretion of vendor and may depend on the affected amount)</i>
7. Description of Complaint: <i>(please include date that damage to the produce was noted)</i>
8. Was the affected produce delivery accepted? If so, where is this produce being stored?

Section III: IMPORTANT INFORMATION NEEDED TO RESEARCH COMPLAINT			
<i>(Please fill in as much information as possible)</i>			
A. Produce Type: (eg: Apples)	B. Date Produce Received:	C. Total Quantity Received: (# of cases)	D. Quantity of Produce Affected: (# of cases)
E. Quantity Remaining: (# of unaffected cases)	F. Invoice #:	G. Pack Date: (if available)	H. Lot Number: (on case / bag)

Please return form along with digital photographs, if applicable, to:
Michigan Department of Education
Food Distribution Program, PO Box 30008, Lansing, MI 48909
PHONE: 517-373-8642 FAX: 517-373-4022
MDE-FMFD@michigan.gov

Office Use Only

Case ID / Invoice	Product Code	Product Description	Vendor Info	Status
				<input type="checkbox"/> Closed

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(Please complete a separate form for each specific product)

INSTRUCTIONS:

Note: Completion of this complaint form does not guarantee refund or replacement.

Section I

1. Enter your Recipient Agency (RA) name (i.e. name of school district/agency).
2. Enter RA address, city, state, and zip code.
3. Enter RA phone and/or e-mail address.
4. Give contact person's name and title.
5. Enter name of the consortium and distributor you work with (example: MOR/Van Eerden, GLC/Gordon Food Service, or SPARC/SYSCO).
6. Enter the date complaint is being filed.

Section II

7. Describe the circumstances leading up to the complaint including the date that damage to the produce was noted.
8. Indicate if the produce was accepted at time of delivery and where it is being stored. If the produce was not accepted at time of delivery, please give details.

Section III

- A. Enter the name of the specific type of DoD produce (Example: Apples).
- B. Enter date produce was received.
- C. Enter total quantity of produce received.
- D. Enter quantity of produce affected (by case).
- E. Enter quantity of remaining usable produce (unaffected produce).
- F. Enter the Invoice / Sales Order # on paperwork received with shipment from distributor. (Attach a copy of the invoice and any photographs to complaint form.)
- G. Enter the date the materials were packed into cases (if available)
- H. Enter the lot number that would be found on the cases/bags (if available)