

State of Rhode Island and Providence Plantations



DEPARTMENT OF HUMAN SERVICES

**THE EMERGENCY FOOD ASSISTANCE PROGRAM
DONATED FOOD COMPLAINT FORM**

AGENCY: _____

NAME OF AGENCY REPRESENTATIVE: _____

TITLE: _____

AGENCY ADDRESS: _____

CONTACT INFORMATION: _____

DATE OF COMPLAINT: _____

COMMODITY: _____

DATE COMMODITY RECEIVED: _____

CAN CODE/ITEM NUMBER: _____

AMOUNT RECEIVED: _____ AMOUNT DISTRIBUTED: _____ BALANCE ON HAND: _____

NUMBER OF CASES UNFIT FOR CONSUMPTION: _____

DESCRIPTION OF PROBLEM:

Signature