Sarah Huckabee Sanders
Governor

ARKANSAS DEPARTMENT OF AGRICULTURE

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Food and Nutrition Division- FOOD DISTRIBUTION UNIT

Report of a Food Complaint

Directions: 1) Provide complete information regarding incident.
2) Photograph foreign object or any other visible concerns; attach with complaint.
3) Label food "USDA Hold, Do Not Use this product" & store in secure location until further directed.

Description of Incident

Date of Incident_____ Physical Location of Incident _____

Name of District/Agency_____ RA#_____

Child Nutrition Director _____ Superintendent_____

CND Office Phone number_____ CND Cell Phone number_____

Description of food complaint (describe appearance, size, shape, color, smell, etc.).

_____

_____

_____

Description of how the incident occurred or was discovered. _____

_____

_____

_____

Who has been contacted regarding this incident (name/title/entity, date, time)?

_____

_____

_____

Product Information

USDA Food _____ USDA Code _____

Manufacturer Name _____ Plant Address _____

Pack Date _____ Lot # _____ Best or Use by date: _____

Date Product Received _____# Cases Received _____ # Cases Remaining _____

When the product was delivered to you, where was it stored? _____

If originally frozen, how long has it been refrigerated? _____

Injured Person(s)

Was anyone injured due to the food complaint? _____

If yes, list gender, age of persons? _____

Describe the effects_____

Was injured person seen by a medical professional/facility or hospitalized? _____

********************************FOR FOOD DISTRIBUTION UNIT USE ********************************

Report received by_____ **Date/Time report received** _____

Sales Order Number _____**Item Number** _____ **USDA Code** _____

Date Entered into WBSCM _____ **Photos attached** _____