



Texas Department of Agriculture

Food & Nutrition Complaint Form

COMMISSIONER SID MILLER

SECTION A	TO FILE A COMPLAINT, COMPLETE THE FOLLOWING:		
	¹ CONTACT INFORMATION (PERSON FILING COMPLAINT)		
	<input type="checkbox"/> Check if Anonymous		
	First Name	Middle Initial	Last Name
	Mailing Address	City, State, ZIP Code	
	E-mail	Phone () -	Extension
	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)	
If 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 documentation that supports the complaint or alleged violation. Use additional sheets if necessary.			

SECTION B	TO LIST PERSONS WITH INFORMATION OR KNOWLEDGE ABOUT THE INCIDENT, COMPLETE THE FOLLOWING:		
	¹ WITNESS INFORMATION		
	First Name	Middle Initial	Last Name
	Mailing Address	City, State, ZIP Code	
E-mail	Phone () -	Extension	

SECTION C	¹ COMPLAINANT SIGNATURE	
	Signature of Complainant	Date (mm/dd/yy)

SECTION D	¹ TDA INTERNAL USE ONLY	
	F&N Receiving Staff	Date (mm/dd/yy)
	Referred To	Date (mm/dd/yy)