

Comment/Complaint Form

Complete one form for each vendor comment/complaint at delivery site

School Name: _____

Date: _____

Vendor Name: _____

Route Number # _____

Delivery Date: _____

Invoice Number # _____

Product	Brand	Vendor Product Number	Code Date	Commodity (C) or Purchased (P)	Quantity	Complaint(s)

Pick correct complaint(s) from list below and place letter in complaint(s) column

- | | |
|--|-------------------------------|
| A = Substitutions | H = Wrong code number |
| B = Frozen food not frozen at time of delivery | I = Wrong brand name |
| C = Leaking, bulging or dented cans | J = Delivery was late |
| D = Drop delivery (was not there to receive) | K = Delivery was not received |
| E = Milk exceeds 41°F at time of delivery | L = Spoiled |
| F = Milk/juice leaking and/or sticky | M = Other (be specific) _____ |
| G = Wrong pack size | _____ |
- Comment(s): _____

Action Taken by Manager/Galley Worker II	Action Taken by FNS Central Office Staff
Product refused (please check) _____ Yes _____ No	Date FNS Office notified vendor -
Food and Nutrition Services needs to contact vendor (please check) _____ Yes _____ No	How vendor was notified -
	Results -

Base School file copy at location. Galley School file copy at your location and a copy at Base School.

E-mail Support Specialist and copy Area Specialist and Base School Manager (if applicable). Complete form on day that concern(s) occurs.