**Customer Food Safety Complaint Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Name and Address:** Foodbank of Santa Barbara County- SM SB (Circle One)

**Complaint Received by (Name, Title, phone number):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complaint From (Name, Title, Affiliation, phone number):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complaint Type**: \_\_\_Food Safety \_\_\_Quality \_\_\_Other

**Product Code/Lot/Description**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Complaint:**

**Complainant’s Request:**

**Sample Requested**: \_\_\_Yes \_\_\_ No

**Description of Investigation/Findings:**

**Product Disposition:**

**Corrective Action:**

**Preventative Action:**

Management Review: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_