



ARKANSAS DEPARTMENT OF EDUCATION DISTRICT OPERATIONS FOOD DISTRIBUTION UNIT

P.O. Box 1437, Slot S337 · Little Rock, AR 72203-1437
Phone 501-371-1400

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 _____