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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-40063 (04/2023) | **STATE OF WISCONSIN**Federal Reg. 247 & 251 |
| **THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)** **COMMODITY COMPLAINT/LOSS REPORT** |
| **Use of form:** This form is used by the Emergency Food Assistance Program (TEFAP) to report information regarding:* **Complaint** of quality or conditions of foods upon delivery/receiving such as leaks, mold/condition issues, shorted product, etc.
* **Loss** of food unable to be distributed due to damage, spoilage, expiration, theft, etc.

**Instructions:** Complete form upon complaint about or loss of TEFAP foods and email to TEFAP Coordinator along with supporting attachments. |
| Name of TEFAP Recipient Agency | Name/Title of Contact/Reporter | Date of Application |
|       |       |       |
| Street Address | City | State | Zip Code |
|       |       |    |       |
| Phone Number | Email Address |
|       |       |
| Date the Complaint and/or Loss or Damage Occurred or Discovered. |
|       |
| Name and Address of Site Complaint and/or Loss Occurred (if different from above) |
|       |
| **Product Description (Gallons of 2% Milk)** | **Product Code(i.e., 10023)** | **Sales Order #**  | **Quantity Involved (i.e., 20 gallons)** | **Delivery Date** |
|       |       |       |       |       |
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| **Attachments** |
| Attach the following to the email when sending in this form:* Attach photos of product as PDF or JPG’s
* Attach Bill of Lading (BOL)
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| **Description** |
| Describe below the following:* Provide description of cause and circumstance around the complaint/loss, description of the condition of the food, location of loss (dry storage, freezer), details of food storage conditions/temperatures.
* How product is being held until disposal is authorized, method of preferred disposal of product.
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