



Central Distribution Center

USDA Commodity Programs

USDA Commodity Complaint Form

Email completed form and photos to Dennis.J.Sullivan@doc.ri.gov

Recipient Agency (RA) Name: _____ RA Code: _____

Street Address: _____ City/Zip: _____

Contact Name: _____ Phone: _____

Email Address: _____ Vendor Name: _____

Commodity (Material Name): _____ Commodity Code: _____

Date Recipient Agency Received Commodity: _____ Date Issue was discovered: _____

WBSCM Sales Order Number: _____

Describe the complaint/problem as completely as possible (if foreign object is involved, please state size of object):

Did anyone become ill or injured? YES NO If YES, describe the illness/injury and outcome: _____

How much of the product was affected (i.e.; 1 bag, 1 can, 2 cases, etc.): _____

Number of cases remaining in your inventory: _____

Street Address of Remaining Products: _____

Provide as much information as possible off the box (Contract #, Lot #, Dates, etc.): _____

Storage Conditions (temperature, ventilation, etc.): _____

Does Recipient Agency want: Replacement or Credit

Please include clear digital photos of the foreign object (i.e.; insect, metal piece, pit, etc.), the inside of the case, all labels on the case, the can code (if applicable), bags and labels (if applicable) with an identifier such as a dime, quarter or ruler. Email photos along with this form to: Dennis.J.Sullivan@doc.ri.gov