SCHOOL NUTRITION COMPLAINT FORM

Invoices: Please complete electronically and email to: Sharona.Secatero2@state.nm.us and Rachele.DiQuarto@state.nm.us

Your Name: ____________________________
Mailing Address: ____________________________ ST: _____ Zip: ____________
Phone: ____________ Fax: ____________ Email: ____________________________
District: ____________________________ School: ____________________________
School Address: ____________________________ ST: _____ Zip: ____________
Phone: ____________ Fax: ____________ Email: ____________________________

Date of Complaint Submission: ____________________________

Best Time of Day to Reach You: ____________________________

Best Way to Reach You (Check One): Mail ______ Phone ______ E-Mail ______ Other ______

1. In the box below, please describe your complaint in detail. List Name(s) of person(s) involved in the alleged complaint (if known).

This box auto-expands.

Please check (✔) the program the alleged complaint occurred in:

☐ School Breakfast Program  ☐ National School Lunch Program
☐ Afterschool Snack Program  ☐ Fresh Fruit & Vegetable Program
☐ Seamless Summer Options Program

FOR PED INTERNAL USE ONLY:

Received By: ____________________________ Date: ____________________________
<table>
<thead>
<tr>
<th>Person assigned to complaint:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact made with SFA:</td>
<td>Date:</td>
</tr>
<tr>
<td>Name &amp; Title of person at SFA spoke with:</td>
<td></td>
</tr>
<tr>
<td>Outcome:</td>
<td>Date:</td>
</tr>
<tr>
<td>Follow up with person filing complaint made by:</td>
<td>Date:</td>
</tr>
</tbody>
</table>