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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-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 | | | | | | | |
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| Date the Complaint and/or Loss or Damage Occurred or Discovered. | | | | | | | | | |
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| Name and Address of Site Complaint and/or Loss Occurred (if different from above) | | | | | | | | | |
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| **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) | | | | | | | | | |
| **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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