Complaint Record

**Instructions: You must record complaints received pertaining to the organic integrity of your products. *Do not return this form with your application*. *Make copies of this form as necessary. Complaint file must be available at the time of inspection****.*

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| Initiator Of Complaint: | Date: |
| Address: | Phone #: |
| City, State, Zip: | |
| Nature Of Complaint: | |
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| Actions Taken: | Date: |
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