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****.*

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

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