

Complaint Record

Instructions: You must record complaints received pertaining to the organic integrity of your products. *DO NOT return this form with your application.*

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: _____

MDA-DOC-036

November 2, 2007 *Make copies of this form as necessary. Complaint file must be available at the time of inspection.*

Page 1 of 1 Contact William Rawlings at rawlinwt@mda.state.md.us if you want this form in WORD Format.