



Title: Consumer Feed Complaint Form

Effective Date: 03/13/2019

Consumer Feed Complaint Form

FIRST CONTACTED BY:

Name: Phone Number/Email: Date:

COMPLAINANT:

Name Phone Number/Email: Date:

Street Address: City: State Zip:

COMPLAINT:

Date of incident or situation Location

Please describe what happened. Be as detailed as possible

PRODUCT INFORMATION:

Brand Name Manufacturer: Place of Purchase: Date of Purchase

Amount Purchased Label or Bag Sales Invoice/ Receipt Details Lot Number/Best Buy Date

Amount of Product Remaining Date Discontinued Feeding

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DIAGNOSTICS:

Species of Animal

Illness or Death

Yes

No

Number of Animals Affected

Vet Consulted?

Vet Contact Information

Yes

No

Has there been a diagnosis
of illness?

Describe signs of sickness

Yes

No

Other feeds or treats used at time of sickness

Medications used at time of sickness

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FDACS SAMPLES:

This form is intended to be used as an aid in gathering information regarding a complaint related to animal feed. The quantity and quality of the information gathered may vary with complaint.

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