



1. Complaint Type

Certified Farmers Market Organic Standardization Citrus Other: _____

2. Complainant Information

Name:		
Address:		
City:	State:	Zip Code:
Daytime Phone:	Mobile:	
Home Phone:	Email:	
I confirm that all the information given is true and accurate to the best of my knowledge.		
_____	_____	
Signature	Date	

3. Information Regarding Business of Which You are Complaining

Name:			
Address:			
City:	County:	State:	Zip Code:

4. Details of Allegation(s)

Location of incident(s):	Service(s):
Date(s):	Time(s):
Please list the name and type of service(s):	

5. Complaint

6. FOR OFFICIAL USE ONLY

Complaint referred to: (Department, Division, CAC, Entity)			
Address:			Date Received:
Complaint Received by: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Comp 101 <input type="checkbox"/> Other			Case ID:
Final Disposition and Reason:			
Signed:	Print Name:	Title:	Date:

Distribution: CDFA County of Violation Issuing County



Investigation for complaints that are under the jurisdiction of the California Department of Food and Agriculture will be initiated within three days of receipt. Complaints may be referred to the County Agricultural Commissioners' Office.

1. COMPLAINT TYPE

Please check the box for the type of complaint you are submitting. If it is for something other than what is listed, check "other" and fill in complaint type. If you are not sure please check "other" and write in "unknown".

2. COMPLAINANT INFORMATION

Please fill out your information. This will allow us to contact you regarding the complaint investigation and follow up with you if additional information is needed.

This form is subject to the California Public Records Act, GOVT. CODE §§ 6250 - 6276.48, partially stated as: "Records" include all communications related to public business "regardless of physical form or characteristics, including any writing, picture, sound, or symbol, whether paper... magnetic or other media." If you wish to remain anonymous, please leave this portion blank, and move to the section "2. Information regarding business of which you are complaining".

3. INFORMATION REGARDING BUSINESS OF WHICH YOU ARE COMPLAINING

Please fill out all the information you know regarding the business and/or person of which your complaint is based.

4. DETAILS OF ALLEGATION(S)

Please fill in any and all information regarding the details of the location and time of the incident.

5. COMPLAINT

Please describe your complaint in detail and give us any information that you believe will help in the investigation of your complaint. The more information that you can give will aid in the investigation process.

Call, fax, mail, or bring complaint to:

CDFA – Inspection & Compliance Branch
ATTN: Compliance Programs
1220 N Street, Sacramento CA 95814
Phone: (916) 900-5030
Fax: (916) 900-5345