



State of California
California Department of Food and Agriculture
Inspection & Compliance Branch
Direct Marketing Complaint Form
 Comp 101 (Rev. 7/2019)

1. Complaint Type

Certified Farmers' Market Certified Producer

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		Phone	
Address			
City	County	State	Zip Code

4. Details of allegation(s)

Location of incident(s)	Service(s) or Product(s)
Date(s)	Time(s)

5. Complaint

FOR OFFICIAL USE ONLY			
Complaint Received by: Phone/Email/Letter/Comp 101/Other			
Date Received:	Case ID:		
Complaint referred to: (Department, Division, CAC, Entity)			
Final Disposition and Reason:			
Signed:	Print Name:	Title:	Date:

Complaint Form Instructions

Investigations 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.

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 information regarding the details of the location and time of the incident.

If you need additional space to describe the details of the allegation(s), please attach a separate sheet.

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. If you need additional space to describe the details of the complaint, please attach a separate sheet.

Call, fax, email, mail, or bring complaint to:

CDFA – Direct Marketing Program
1220 N Street, Sacramento CA 95814
Email: cfm@cdfa.ca.gov
Phone: (916) 900-5030
Fax: (916) 900-5345