

INSTRUCTIONS FOR Food & Nutrition Complaint Form

The Food & Nutrition (F&N) Complaint Link is provided for persons wishing to file a complaint with F&N at the Texas Department of Agriculture. This Link is available in English and Spanish at <https://squaremeals.org/About/ContactFoodandNutrition.aspx>

For assistance with the complaint process, or if you do not have access to an electronic device to submit your complaint, please call us at (833) 862-7499 and someone will assist you.

SECTION A (To File a Complaint)

CONTACT INFORMATION (of Person Filing Complaint)

- Select Yes or No from the dropdown menu if Anonymous
- Select Complaint Type - Select complaint type from dropdown menu.
- Select a Complaint Sub Type from the dropdown menu if applicable
- Enter your First Name and Last Name
- Enter your Mailing Address – Enter Street Address
- Enter your City, State, Zip Code – Enter City, State, and Zip Code
- Enter your E-mail Address
- Enter best Telephone Number

COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL

- Name and address of Contracting Entity (CE) delivering service or benefit (if applicable)
- Enter the name and address of the CE.
- CE ID (if applicable) - If known, enter the Contracting Entity identification number assigned by TX-UNPS.
- If the complaint is against an individual, enter the name and contact information - If the complaint is about a TDA employee, enter his/her name, if known.
- Relationship to CE or individual - Enter the type of relationship you have with the Contracting Entity or individual (e.g., customer, employee or co-worker).
- Describe complaint in detail - Provide relevant details including names, dates, times and specific allegations. Please include documentation to support any allegations. Use second page if more space is needed.

SECTION B (Witness Information - If there is a witness or someone else who has knowledge of the incident)

WITNESS INFORMATION

- Enter First Name and Last Name
- Enter Email Address and/or telephone number
- Mailing Address - Enter Street Address, City, State, Zip Code

Upload Supporting Documents in the box provided.

SUBMITTAL

When finished, Press Submit.

A letter of acknowledgment will be sent (unless the anonymous box is checked) within two TDA business days of complaint receipt by the Collaboration Administrative Assistant. In the event the letter of acknowledgment has not been received within one week, please call (833) 862-7499 for assistance.

INSTRUCCIONES para llenar formulario de Queja de Comida y Nutricion.

El formulario de Quejas de Food and Nutrition Division (F&N) es proporcionado para aquellos individuos que deseen presentar una queja de F&N con el Departamento de Agricultura del estado de Texas. Este enlace se puede descargar en <https://squaremeals.org/About/ContactFoodandNutrition.aspx>

Para obtener ayuda con el proceso de quejas o si no tiene acceso a un dispositivo electronico para presentar su queja, llame al (833) 862-7499 y alguien lo asistira.

SECCION A (Para presentar una queja)

INFORMACIÓN DE CONTACTO (del individuo que presenta la queja)

- Marque la casilla si desea permanecer anónimo.
- Seleccione el tipo de queja que desea presentar: Seleccione el tipo de queja de la lista proporcionada.
- Seleccione el sub tipo de queja si aplica
- Ingrese su Nombre y Apellido
- Ingrese su Dirección postal – el nombre de su calle.
- Ingrese su Ciudad, Estado, Código Postal
- Ingrese su Correo Electronico
- Ingrese el mejor Número Telefónico

QUEJA SOBRE UNA ENTIDAD CONTRATANTE O INDIVIDUO

- Nombre y dirección de la Entidad Contratante (CE por sus siglas en inglés) que presta el servicio o beneficio (si aplica) – Ingrese el nombre y la dirección del CE.
- Número de identificación del CE (si aplica) – Si lo sabe, ingrese el número de identificación de la Entidad Contratante asignado por TX-UNPS.
- Si la queja es contra un individuo en particular, ingrese el nombre y la información de contacto del mismo. Si la queja es sobre un empleado de TDA, ingrese su nombre si lo sabe.
- Relación con la CE o el individuo – Ingrese el tipo de relación que tiene con la Entidad Contratante o con el individuo (por ejemplo: cliente, empleado o compañero de trabajo).
- Describa la queja en detalle – Proporcione detalles relevantes, incluyendo nombres, fechas, horas y alegaciones específicas. Incluya toda la documentación pertinente que respalde la denuncia. Utilice la segunda página si necesita más espacio

SECCION B (Informacion del testigo – Si hay un testigo o alguien mas que tenga conocimiento del incidente)

INFORMACIÓN DEL TESTIGO

- Ingrese el Nombre y Apellido del testigo

- Ingrese el Correo Electronico y/o el mejor Número Telefónico
- Ingrese su Direccion, Ciudad, Estado y Código Postal

Suba Documentacion Pertinente de Respaldacion in la seccion prevista

Se le enviará una carta para confirmar recibo de su queja dentro de fod día hábil de TDA (a menos que usted haya marcado la casilla para permanecer anónimo) por parte del Asistente Administrativo de Colaboración. En caso de que no reciba la carta de confirmación en el plazo de una semana, llame al (833) 862-7499 para solicitar asistencia.

FOOD AND NUTRITION DIVISION COMPLAINT FORM

INSTRUCTIONS

The Food and Nutrition Division (F&N) Complaint Form is provided for persons wishing to file a complaint with F&N at the Texas Department of Agriculture. This form may be downloaded at <http://www.squaremeals.org>.

For assistance with the complaint process, please call (833) 862-7499.

SECTION A (To File a Complaint)

1. CONTACT INFORMATION (of Person Filing Complaint)

- Check if Anonymous.
- Select Complaint Type - Select complaint type from provided list and skip to Number 2 if Anonymous.
- First Name - Enter First Name.
- Last Name - Enter Last Name.
- Phone and/or E-mail – Enter best telephone number and/or best e-mail address.
- Mailing Address – Enter street address.
- City, State, Zip Code – Enter City, State, and Zip Code.

2. COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL

- Name and address of Contracting Entity (CE) delivering service or benefit (if applicable) - Enter the name and address of the CE.
- CE ID (if applicable) - If known, enter the Contracting Entity identification number assigned by TX-UNPS.

- If the complaint is against an individual, enter the name and contact information - If the complaint is about a TDA employee, enter his/her name, if known.
- Relationship to CE or individual - Enter the type of relationship you have with the Contracting Entity or individual (e.g., customer, employee or co-worker).
- Describe complaint in detail – Provide relevant details including names, dates, times and specific allegations. Please include documentation to support any allegations. Use second page if more space is needed.

SECTION B (Witness Information - If there is a witness or someone else who has knowledge of the incident)

1. WITNESS INFORMATION

- First Name - Enter First Name.
- Last Name - Enter Last Name.
- Phone and/or E-mail - Enter best telephone number and/or best e-mail address.
- Mailing Address - Enter street address.
- City State Zip Code - Enter City, State and Zip Code.

SECTION C

1. COMPLAINANT SIGNATURE

- Signature - Unless anonymous, sign the form. Enter the date submitted.
- Signature not available - Check box if signature is not available.
- Enter the date the Complaint Form was completed.

SECTION D

1. TDA INTERNAL USE ONLY

- Enter ESC Region - Select ESC region from drop down provided.
- Enter F&N Region Area - Select Regional area from drop down provided.

- Enter how the complaint was received - Select from the provided list how the complaint was received.
- Internet Quorum /Footprint Ticket Number - Input IQ and/or Footprint ticket.
- # assigned to this complaint upon input by Section Administrative Assistant.
- F&N Program Section - Select identified F&N Program participation.
- F&N Receiving Staff/Title - F&N Staff member who received the complaint verbally will enter their Name and Title.
- Date – Enter the date the complaint is received.
- Referred To - F&N staff refers the F&N Formal Complaint form to the Collaboration Section (CPC). Enter the name of the CPC Manager and/or Coordinator who will assign the complaint for research as applicable.
- Date - Enter the date the Complaint Form was referred.

SUBMITTAL

Submit written complaints and any documentation to TDA by mail, fax or by emailing a scanned copy. If submitting a complaint via email, please submit the completed F&N Complaint Form and documentation to the following email address: FNCollaboration@TexasAgriculture.gov

If submitting a complaint via mail or fax, please submit the completed F&N Complaint Form and documentation to F&N:

F&N Headquarters

Texas Department of Agriculture, Food and Nutrition Division
P.O. Box 12847
Austin, Texas 78711
FAX: (888) 237-5226

A letter of acknowledgment will be sent (unless the anonymous box is checked) within one TDA business day of complaint receipt by the Collaboration Administrative Assistant. In the event the letter of acknowledgment has not been received within one week, please call (833) 862-7499 for assistance.

TEXAS DEPARTMENT OF AGRICULTURE
Food and Nutrition Division Complaint Form (Complaint Form)

SECTION A

TO FILE A COMPLAINT, COMPLETE THE FOLLOWING:

¹ CONTACT INFORMATION (PERSON FILING COMPLAINT)

☐ Check if Anonymous

Complaint Type: CHOOSE AN ITEM.

First Name

Last Name

Phone and/or E-mail

Mailing Address

City, State, ZIP Code

² COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL

Name and Address of contracting entity (CE) delivering service or benefit (if applicable) CE ID (if known)

If complaint is against an individual, enter the name and contact information Relationship to CE or individual

Describe complaint in detail, including date and time incident occurred. Please attach any relevant documentation that supports the complaint or alleged violation

SECTION B

TO LIST PERSON(S) WITH INFORMATION OR KNOWLEDGE ABOUT THE INCIDENT, COMPLETE THE FOLLOWING:

¹ WITNESS INFORMATION

First Name

Last Name

Phone and/or E-mail

Mailing Address

City, State, ZIP Code

SECTION C

¹ COMPLAINANT SIGNATURE

☒ SIGNATURE NOT AVAILABLE

Signature of Complainant

Date

Complaint received via Email

SECTION D

¹ TDA INTERNAL USE ONLY

ESC REGION CHOOSE AN
ITEM.

F&N REGION CHOOSE AN ITEM.

Complaint Received by

☐ Phone ☐ Email ☐ Walk-in ☐ Fax ☐ Mail Service
☐ Footprint Ticket

IQ Number and/or Footprint
Ticket

F&N Program Section

☐ CACFP ☐ SFSP ☐ SNP ☐ Commodities ☐ Employee
☐ Other:

F&N Receiving Staff

Title

Date

Referred To

Title

Date