

**West Ohio Food Bank  
Customer Complaint Form**

**To be completed within 3 working days**

Date:

Time:

Complaint received by:

Name:

Agency:

Phone:

Type: Food Safety \_\_\_\_ Quality \_\_\_\_ Over / Short \_\_\_\_ Service \_\_\_\_ Infestation \_\_\_\_ Other \_\_\_\_

AO / documentations number:

Description of Complaint:

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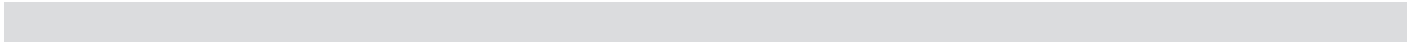
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Complainant's request:

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Sample requested Yes \_\_\_\_\_ No \_\_\_\_\_



Complaint investigated by: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Investigation / Findings:

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Product Disposition:

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Corrective / Preventive Action:

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Complaint follow-up by: \_\_\_\_\_ Date: \_\_\_\_\_

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Complaint received

Customer Service Staff

Type

Food Safety	COO or Warehouse Mgr.
Quality	Warehouse Mgr.
Over / Short	Warehouse Mgr.
Service	COO
Infestation	COO
Other	COO

Complaint follow-up

COO or Warehouse Dir.