



**California Department of Food and Agriculture  
 Organic Food Complaint Form**

ORG 101 (Rev. 11/2011)

**1. 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

**2. Information regarding business of which you are complaining**

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

**3. Details of allegation(s)**

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

**4. Complaint**

**5. FOR OFFICIAL USE ONLY**

Complaint referred to: (Department, Division, Bureau, Entity)			
Address:		City:	State:
Zip Code:	Telephone Number:	Tracking Number:	
Final Disposition and Reason:			
Signed:	Print Name:	Title:	Date:

(SEE REVERSE FOR INSTRUCTIONS)

## 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 Department of Public Health or other appropriate entity if the matter is under their jurisdiction.

### 1. COMPLAINT INFORMATION

Please fill out your information. This will allow the California State Organic Program (SOP) to contact you regarding the complaint investigation and follow up if additional information is required.

This form is subject to the California Public Records Act, Government Code §§ 6250 - 6276.48, partially stated as: "Records" includes 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."

### 2. INFORMATION REGARDING BUSINESS OF WHICH YOU ARE COMPLAINING

Please fill out all the information pertaining to the business and/or person of which your complaint is based.

### 3. DETAILS OF ALLEGATION(S)

Please include 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.

### 4. COMPLAINT

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

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

### 5. FOR OFFICIAL USE ONLY

Leave this area blank. This is completed by SOP staff.

Please phone, fax, email, or mail the complaint to:

CDFA – Organic Program  
Attn: Complaints Department  
1220 N Street  
Sacramento CA 95814  
Email: [dcarlson@cdfa.ca.gov](mailto:dcarlson@cdfa.ca.gov)  
Phone: (916) 900-5030  
Fax: (916) 900-5345