State of California
Department of Food And Agriculture
www.cdfa.ca.gov/mkt/meb
Form # 28-012 (Rev. 10/14)

VERIFIED COMPLAINT

Market Enforcement Branch 1220 N Street Sacramento, CA 95814 (916) 900-5016

* Please read the Verified Complaint Instruction Sheet before completing this form.

Person / Business Filing Complaint (Complainant)		Complaint Filed Against (Respondent)		
Address		Address		
Address		Address		
Telephone number(s) Best time to call: Contact Person		Telephone number(s) Person dealt with:		
Commodities (California Grown) Date	s of Transaction((s)	Amount Due	Payment Due Date(s)
Have you filed this complaint with PACA or P & S?				
Type of Contract (mark one)				
Are you represented by an attorney?				
Have you filed suit in court?	☐ Yes	☐ No (If yes, provide	de copy of filing)	
Specify Type of Allegation(s):				
Failure to Pay	No Inspections			ccept Product
Bad Checks No Account of Sales	Failure to Abide Failure to Harve		Other	of Inventory W/O Payment
Unfair Business Practices	Failure to Provid		Outer	
What do you want the person or company to do to resolve this situation?				
Read the following before signing below Provide all supporting documents (letters written or received, contracts, invoices, bills of lading, waivers, inspections, grower accountings, copies of checks, etc).				
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Submit completed form, two copies of all documents and the \$100 filing fee to the address above (right hand corner). I certify that the foregoing statement and attachments are true and correct.				
Signature		Date Signe	ed	