State of California
Department of Food and Agriculture
www.cdfa.ca.gov/mkt/meb
Form # 28-012 (Rev. 08/25)

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	
Telephone number(s) Best time to call: Contact Person		Telephone number(s)	Person dealt with:
Commodities (California Grown)	Dates of Transaction(s)	Amount Due	Payment Due Date(s)

Have you filed this complaint with PACA or P & S? ☐ Yes ☐ No
If yes, provide a copy of the denial letter
If no, has it been determined this is not PACA jurisdictional? ☐ Yes ☐ No

Type of Contract (mark one) ☐ Verbal Contract ☐ Written Contract (Attach Copy)

Are you represented by an attorney? ☐ Yes ☐ No (If yes, provide name & telephone #) _____

Have you filed suit in court? ☐ Yes ☐ No (If yes, provide copy of filing)

Specify Type of Allegation(s):

- ☐ Failure to Pay
- ☐ Bad Checks
- ☐ No Account of Sales
- ☐ Unfair Business Practices
- ☐ No Inspections
- ☐ Failure to Abide by Contract
- ☐ Failure to Harvest
- ☐ Failure to Provide Materials
- ☐ Failure to Accept Product
- ☐ Movement of Inventory W/O Payment
- ☐ Other

Explain your allegation, description of events in the order they occurred (Be specific - Who, What, When, Where, How)

* Include full names of individuals, including all witnesses present during the transaction(s). Use additional paper if needed.

* Explain how the amount due was calculated.

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).

Submit completed form, copies of all documents and the applicable filing fee as follows: $125 (Complaints Under $100k), $135 (Complaints $100k-less than $250k), and $145 (Complaints $250k and over) to the address above (right hand corner).

I certify that the foregoing statement and attachments are true and correct.

Signature _____ **Date Signed** _____