VERIFIED COMPLAINT

* 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 Perso	Telephone numb	er(s)		Person dealt with:	
Commodities (California Grown)	Dates of Transaction	(s)	Am	ount Due	Payment Due Date(s)	
Have you filed this complaint with PACA or	P&S? 🗆 Yes			copy of the de determined th	nial letter. is is not PACA jurisdictional?	Yes 🗆 No
Type of Contract (mark one)	🗌 Verbal Co	ontract 🔲 Writte	en Contract ((Attach Copy)		
Are you represented by an attorney?	No (If yes	No (If yes, provide name & telephone #)				
Have you filed suit in court?	🗀 Yes	□ No (If yes	s, provide co	py of filing)		
Specify Type of Allegation(s): Failure to Pay Bad Checks No Account of Sales Unfair Business Practices Explain your allegation, description of e	No Inspections Failure to Abide Failure to Harve Failure to Provi	e by Contract est de Materials		Movement of Other	ccept Product of Inventory W/O Payment	
 Include full names of individuals, includir Explain how the amount due was calcula 		nt during the tran	saction(s). I	Jse additional	paper if needed.	
What do you want the person or compa	ny to do to resolve t	his 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, 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.						