



California Department of Food and Agriculture
Senior Farmers' Market Nutrition Program

SFMNP Complaint Form

INSTRUCTIONS:

Follow the steps below when a participant, farmer or market manager registers a complaint:

- Interview the complainant to determine the nature of the problem
- Document the complaint on the SFMNP Complaint Form
- If resolution appears improbable, contact CDFA for assistance
- Retain the completed complaint form and send a copy to CDFA

REPORT FORM:

Type of complaint: *(Please check the appropriate box)*

Participant Farmer Market Manager Anonymous

Date: _____ Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: CA Zip Code: _____

Complaint: *(Please be specific)*

Eyewitness Accounts: *(Please list names and phone numbers of each witness)*

Describe Resolution:

AAA SFMNP staff handling complaint: *(PSA: _____)*

Name: _____ Phone Number: _____

**PLEASE SUBMIT WITHIN FIFTEEN (15) DAYS FROM REPORTING TO:
Federal Funds Management Office, Attn: SFMNP, 1220 N Street, Room 120, Sacramento, CA 95814**

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