



TEFAP Food Complaint Form

To register a complaint about the quality of a TEFAP food product, submit this form to Food Bank of Alaska. Retain a copy for your records.

Name of Recipient Agency: _____

Contact Person: _____

Date: _____ Phone: _____

Name of Commodity: _____ Pack Size: _____

Date Packed: _____ Date Received: _____

Lot Number(s)/Can Code(s) if available: _____

Amount Received: _____ Amount Used: _____ Balance: _____

Is the commodity still being used? YES _____ NO _____

Location of commodity: _____

Number of cases of commodity unfit for consumption (your judgment): _____

Specific comments (if any): _____

Signed _____
(Name of person making report)

Mail to: Food Bank of Alaska
2192 Viking Drive
Anchorage, AK 99501

Email: dcaldwell@foodbankofalaska.org

Fax: 907-277-7368