Title: Consumer Feed Complaint Form

Effective Date: 03/13/2019

Consumer Feed Complaint Form

FIRST CONTACTED BY:

Name:

Phone Number/Email:

Date:

COMPLAINANT:

Name

Phone Number/Email:

Date:

Street Address:

City:

State

Zip:

COMPLAINT:

Date of incident or situation

Location

Please describe what happened. Be as detailed as possible

PRODUCT INFORMATION:

Brand Name

Manufacturer:

Place of Purchase:

Date of Purchase

Amount Purchased

Label or Bag

Sales Invoice/ Receipt Details

Lot Number/Best Buy Date

Amount of Product Remaining

Date Discontinued Feeding

DIAGNOSTICS:

Species of Animal

Illness or Death

◯ Yes
◯ No

Number of Animals Affected

Vet Consulted?

◯ Yes
◯ No

Vet Contact Information

Has there been a diagnosis of illness?

◯ Yes
◯ No

Describe signs of sickness

Other feeds or treats used at time of sickness

Medications used at time of sickness

FDACS SAMPLES:

This form is intended to be used as an aid in gathering information regarding a complaint related to animal feed. The quantity and quality of the information gathered may vary with complaint.

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