# FARMERS' MARKET NUTRITION PROGRAM COMPLAINT FORM

**To:** Tysha N. Grays, Vendor Compliance Officer
Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914
919-870-4818 (fax)

| **Complaint taken by:** | **Contact Name** | **Contact Phone Number** |
|---|---|---|
| ☐ Local Agency | _____ | _____ |
| ☐ State Agency | _____ | _____ |
| **Date Complaint Received:** | _____ | |

| **Source of Complaint:** | **Contact Name** | **Contact Phone Number** |
|---|---|---|
| ☐ Market Manager/Farmer | _____ | _____ |
| Name of Farmers' Market | _____ | |
| ☐ Participant | _____ | _____ |
| ☐ Other | _____ | _____ |

**Complaint:** _____

**State Agency Use Only**

**Actions Taken:**