

California Department of Food and Agriculture
California Organic Program
P.O. Box 942871
Sacramento, CA 94271-0001
ORG-101 (Est. 7/91)

COUNTY
ORGANIC FOOD COMPLAINT REPORT

Distribution:
ORIGINAL TO COUNTY
YELLOW TO REFERRAL
PINK TO CDFA

DATE RECEIVED		TIME
COMPLAINANT NAME		TELEPHONE NO.
ADDRESS		
CITY	COUNTY	
COMPLAINT — DESCRIBE IN DETAIL		

COMPLAINANT SIGNATURE _____		DATE _____
LOCATION OF ALLEGED VIOLATION		TELEPHONE NO.
ADDRESS		
CITY	COUNTY	
TIME OF ALLEGED VIOLATION	DATE	
ACCEPTED <input type="checkbox"/>	NAME	TITLE
REJECTED <input type="checkbox"/>		STATE-COUNTY AGENCY
REASON FOR REJECTION:		

COMPLAINT REFERRED TO

NAME (DEPARTMENT, DIVISION, BUREAU, FUNCTION OR PERSON)			
ADDRESS	CITY	COUNTY	TELEPHONE NO.
FINAL DISPOSITION			
SIGNED			DATE
TITLE			