FARMERS' MARKET NUTRITION PROGRAM COMPLAINT FORM

To: Gerell L. Smith, Vendor Compliance Officer
Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914
919-870-4895 (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: