**Virginia Department of Agriculture and Consumer Services (VDACS)**

*For Official Use Only.*

Consumer Complaint – General Form

*The information you provide will be reviewed by a Food Safety expert who will contact you.*

*Please provide as much information as possible in the fields below.*

**1. Nature of your complaint (please describe why you contacted VDACS):** Click here to enter text.

**2. Information about the business involved:**

**Name of the business:** Click here to enter text. **Street Address:** Click here to enter text.

**City:** Click here to enter text. **State: VA ZIP CODE:** Click here to enter text

**If you filed a complaint with the business:**  **Date:** Click here to enter a date. **Time:** Choose an item

**3. If your complaint is about a specific product:**

**Name of the product:** Click here to enter text. **Weight/Qty:** Click here to enter text.

**Date of purchase:** Click here to enter a date. **Time of purchase:** Choose an item.

**Lot number:** Click here to enter text. **UPC Code:** Click here to enter text. **Condition of Container:** Choose an item.

**Date Manufactured:** Click here to enter text. **Expiration or “Sell by” Date:** Click here to enter text.

**4. Do you wish to remain anonymous?** (*Please choose one*): Choose an item.

*We will honor your request to remain anonymous, however, please provide a phone number or email address in case we have additional questions in order to complete our investigation.*

**5. Your Information:**

**Name:**  Click here to enter text. **Street Address:** Click here to enter text.

**City:** Click here to enter text. **State: VA**  **ZIP:** Click here to enter text.

**Daytime phone number:** Click here to enter text.

**Email address:** Click here to enter text.