

APPENDIX C

FOOD SERVICE COMPLAINT FORM

The attached Food Service Complaint Form is to be used to document any problems which nutrition projects may have in connection with the Provider.

The Provider will be required to take action within ten (10) days on any complaint filed by a nutrition project.

- A. The nutrition project completes the complaint form and emails a copy to the designated contact person of the Meal Vendor.

- B. The Provider will respond to the Project via email within the required ten (10) days, and will copy the following:
 - 1) Nutrition project director

 - 2) Director of Planning and Programs at: programs@aaanf.org

The nutrition project director will maintain copies of all related correspondence in compliance with record retention regulations.

FOOD SERVICE COMPLAINT FORM

Date ____ / ____ / ____

Nutrition Project Director's Name: _____

Nutrition Project Director's Email Address: _____

Name of Nutrition Project: _____

DESCRIPTION OF CONCERN (completed by Nutrition Project):

ACTION TAKEN TO RESOLVE CONCERN (completed by Provider)