TEFAP FOOD COMPLAINT FORM

To register a complaint about the quality of a TEFAP food product, submit this form to Food Bank of Alaska. Retain a copy for your records.

Name of Recipient Agency:

Contact Person:

Date: Phone:

Name of Commodity: Pack Size:

Date Packed: Date Received:

Lot Number(s)/Can Code(s) if available:

Amount Received: Amount Used: Balance:

Is the commodity still being used? YES NO

Location of commodity:

Number of cases of commodity unfit for consumption (your judgment):

Specific comments (if any):

Signed

(Name of person making report)

Mail to: Food Bank of Alaska

2192 Viking Drive

Anchorage, AK 99501

Email: [dcaldwell@foodbankofalaska.org](mailto:dcaldwell@foodbankofalaska.org)

Fax: 907-277-7368

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