

FARMERS' MARKET NUTRITION PROGRAM COMPLAINT FORM

Email form to: Heather Todaro at heather.todaro@dhhs.nc.gov

Complaint taken by:	Contact Name	Contact Phone Number
<input type="checkbox"/> Local Agency		
<input type="checkbox"/> State Agency		
Date Complaint Received:		

Source of Complaint:	Contact Name	Contact Phone Number
<input type="checkbox"/> Market Manager/Farmer		
Name of Farmers' Market		
<input type="checkbox"/> Participant		
<input type="checkbox"/> Other		

Complaint:

State Agency Use Only

Actions Taken: