

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: