FARMERS' MARKET NUTRITION PROGRAM COMPLAINT FORM

Email form to: Heather Dingess at ncwicfmnp@dhhs.nc.gov

Complaint taken by:	**Contact Name**	**Contact Phone Number**
☐ Local Agency		
☐ State Agency		
Date Complaint Received:		

Source of Complaint:	**Contact Name**	**Contact Phone Number**
☐ Market Manager/Farmer		
Name of Farmers' Market		
☐ Participant		
☐ Other		

Complaint:

State Agency Use Only

Actions Taken: