



State of Illinois
 Department of Human Services
**THE EMERGENCY FOOD ASSISTANCE PROGRAM -
 COMMODITY COMPLAINT FORM**

Person submitting the complaint information:

Name:

 First Name Initial Last Name

Address:

 Street Address

 City State Zip Code County

Telephone (include Area Code): _____ Fax Number (include Area Code): _____

E-mail address (optional): _____

Distribution site location: _____

Date of distribution: _____ Time of distribution: _____

Receipt Date: _____ Notice to Deliver Number: _____

(FOODBANK MUST PROVIDE THIS INFORMATION)

List specific details of the Commodity Complaint including the nature of the complaint, commodity type, size, weight, and packaging:

The Commodity Complaint Form will be submitted by the Foodbank by fax to - IDHS, EFP Manager at: **217-557-9673**,
 or by contacting the EFP Manager directly by phone at: 217-782-1317