



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 should be submitted by the Foodbank by email to [DHS.IEFP@illinois.gov](mailto:DHS.IEFP@illinois.gov) or by contacting the EFP Program Manager directly at: 217-782-0592