



**Mississippi Department of Agriculture and Commerce**  
**Meat Inspection Division**  
**P O Box 1609 Jackson, Mississippi 39215-1609**  
**Office 601-359-1191 Fax 601-359-1105**  
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**COMPLAINT FORM**

Date/Time of Complaint: \_\_\_\_\_

Name:			
Address:			
City:	State:	Zip:	County:
Telephone Number:	Fax Number:	Email Address:	

**NATURE OF COMPLAINT AND DETAILS**

Business/Establishment Name:			Date of Incident:
Address:			
City:	State:	Zip:	County:
Product Description: (brand & product name, sell/use by date, purchase date, etc.)			Subject of Inquiry:

Complaint Details:

**\*\*\*\*\* ACTION TAKEN – TO BE COMPLETED BY OFFICE \*\*\*\*\***

Date Received:	Assigned to:	Date Assigned/Time:	Date Action Taken/Time:
Injury or Illness Associated:	Establishment Number:	Product Held:	Sampling Required:

If injury or illness associated, please describe:

Results of Complaint:

Date/Time Complainant Contacted:	Further Action Needed:
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