



Mississippi Department of Agriculture and Commerce
Consumer Protection Division
P O Box 1609 Jackson, Mississippi 39215-1609 Office
601-359-1148 Fax 601-359-1175
cp@mdac.ms.gov

COMPLAINT FORM

Date/Time of Complaint: _____

Name:					
Address:					
City:			State:	Zip:	County:
Telephone Number:	Fax Number:		Email Address:		
NATURE OF COMPLAINT AND DETAILS					
Business ID/Store Name:				Date of Incident:	
Store Address:					
Store City:			State: MS	Zip:	County:
Type of Complaint					
Adulterated Food:	Sanitation:	Rodents:	UPC:	Cooler Temperature:	Expiration Date:
Other:					
Complaint Details:					
*****ACTION TAKEN – TO BE COMPLETED BY OFFICE*****					
Date Received:		Inspector Assigned/By Office:		Date Assigned/Time:	Date Action Taken/Time:
Inspector Instructions:					
Date/Time Complainant Contacted:		Results of Complaint:			
Date Results Mailed:					