

**Corrective Action
Request Form**

Complaints relating to the -- integrity of your products must be recorded on this form. Please record information below as accurately as possible. Verification must be performed to be sure problems are corrected effectively.

To be filled out by the Farmer/Grower

Initiator of Complaint:	Date:
Address:	Phone #:
City, State,	
Email:	

Describe Nature of Complaint (description):	
Describe Action Taken (solution used):	Date :
Verification (solution worked?):	Date: