



# ALLIANT FOOD SAFETY COMPLAINT FORM

PLEASE PROVIDE THE FOLLOWING INFORMATION

DATE OF COMPLAINT: \_\_\_\_\_

COMPLAINANTS NAME: \_\_\_\_\_

ASSOCIATED CLIENT COMPANY: \_\_\_\_\_

COMPLAINANTS EMAIL: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESIRED OUTCOME: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## COMPLAINANTS DO NOT FILL INFORMATION BELOW THIS LINE

Person handling complaint: \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

Customer notified of closure?    **Y**        **N**

If yes, date of notification: \_\_\_\_\_

AFL-160

Rev. 0

3/4/2020

Customers filing formal complaints email this completed form to [priority@alliantfoodsafety.com](mailto:priority@alliantfoodsafety.com) in PDF format.