

North Carolina Procurement Alliance
QUALITY CONTROL PRODUCT COMPLAINT FORM

The purpose of the Quality Control Committee is to act as the liaison between Alliance members, distributors and manufacturers to address and resolve product issues. Quality complaints must be addressed by ALL members who have the issue to implement the process to remove a pre-approved product from the bid. Complaints concerning deliveries should be handled directly with the Distributor.

Please indicate the nature of your complaint by checking the box next to the category and writing a statement that supports your complaint.

Foreign Object: _____

Product Quality: _____

Yield Issues: _____

Inconsistent Product Size: _____

Packaging: _____

Other: _____

EMERGENCY PROCEDURES

Concerns regarding the **safety and/or possible contamination** of a food product prior to its preparation or service should be immediately referred to the appropriate distributor and the Quality Control Committee Chair. Retain all packaging and take pictures.

PRODUCT COMPLAINT PROCEDURES:

1. **FIRST:** When Director/Supervisor receives complaints from a significant number of schools related to quality and/or quantity of a FOOD product, they should test the product using standardized product testing procedures and **record the results under Checklist**. The Director/Supervisor must be present at the local school to verify the testing process.
2. **SECOND:** Complete section labeled **Details**, indicating the nature of the problem and the number of schools affected. Email the completed form to the Quality Control Committee Chair. If you have questions, call the chair.
3. **CHAIR: Kimberly Chesanek McCall, CND, Mooresville Graded School District**
ADDRESS: 574 W McLelland Ave. Bldg. B, Mooresville, NC 28115
PHONE: 704-658-2637
E-MAIL: kmccall@mgsd.k12.nc.us

The Quality Control Chair will send a copy of the complaint form to the manufacturer, the broker, the Board of Directors Chair and the Procurement Alliance Consultant.

4. When significant complaints have been received, the Quality Control Chair will request a meeting with the manufacturer to discuss issues and the Alliance Board of Directors will make a decision as to the on-going and future use of the product.

PRODUCT COMPLAINT FORM

CHECKLIST:

__ Verify the product code number with the bid. If the product is a substitution, STOP HERE and contact your distributor to resolve the issue.

__ Have complaints come from more than one school? **If Yes**, how many schools? _____

__ Verify the recipe was followed and the manufacturer's preparation directions were followed exactly. This would include cooking frozen or thawing to cook. Also would include cooking temperature.

__ Verify the oven calibration has been checked to ensure proper cooking temperature? If not, this should be checked.

DETAILS:

Date of Incident of First Report: _____

Contact Information: Member District: _____

Child Nutrition Director/Supervisor Name: _____

Phone & Fax: _____

Email: _____

Distributor Name: _____

Product Description: *example: Turkey Hot Dog* _____

Brand w/Code Number: *example: Hot Meat 16751CN* _____

NCPA Bid Line Item Number: *example: 26230* _____

Manufacturer's Lot Numbers: _____

Manufacturer's Date or Best Used By Date: _____

How many Schools and how much product (currently on hand) is affected by this complaint?

Describe Issue(s) w/the Product: *Attach any supporting documents. Photographs are appreciated:*

Child Nutrition Director/Supervisor Signature: _____ Date: _____

USDA is an equal opportunity provider and employer.
<http://www.fns.usda.gov/usda-nondiscrimination-statement>