

**INFORMAL COMPLAINT
TO BE FILED UNDER
THE PERISHABLE AGRICULTURAL COMMODITIES ACT**

Complaining Party:

Company Name: _____

Address: _____

Date: _____

Contact Person: _____

Phone No: _____

Fax No: _____

Complaint To Be Filed Against:

Company Name: _____

Address: _____

Contact Person: _____

Phone No: _____

Fax No: _____

If complaint is for unpaid invoices, list below. If more than 5, attach a separate sheet of paper listing invoices and amounts due.

Invoice No.	Shipping Date	Invoice Amount	Amount Paid	Balance Due

TOTAL AMOUNT DUE: _____

If there is a dispute involved, or the complaint does not involve unpaid invoices, please describe below or attach a separate sheet of paper describing the dispute, and attach all relevant documents.

Documents required with this complaint: \$60.00 filing fee (Please make your check payable to "USDA-AMS")
A copy of each unpaid invoice
Any other documents relating to the transaction(s) such as Bills of Lading,
Inspection Certificates, etc.

If you prefer, you may pay the \$60.00 filing fee with a credit card. If so, please provide the following information:

Type of Credit Card: _____ Visa _____ MasterCard

Account No: _____ Expiration Date: _____

Card Holder Name: _____ Card Holder Signature: _____
(Please Print as Shown on Card)

Daytime Phone No: _____ Contact Name: _____

-- Please note: If you are paying by credit card, you may fax your complaint to _____ --