



STATE of CALIFORNIA
 California Department of Food and Agriculture
 Animal Health and Food Safety Services
 Animal Care Program
COMPLAINT FORM

**CDFA FORM
 ACP-73-001
 REV. 12/2023**

DEPARTMENTAL USE ONLY			
COMPLAINT NUMBER	DATE FILED	ENTERED BY	
20			

- 1.) Enter your information in Section 1 of the form.
- 2.) Enter information and details of the complaint in Section 2 and 3 of the form.
- 3.) Ensure that all required fields are filled (**required form fields are highlighted with red outline**).
- 4.) Click on the "Submit Form" button at the bottom of the page (this option will auto draft an email) or save the file and attach the form in an email addressed to: animalcarereporting@cdfa.ca.gov
- 5.) Please attach any supporting photo(s), video(s) and document(s) in your email.

Section 1: Complainant Information

Your Information:

Name (Last, First, Middle):	Phone Number:	Email:	
Street Address:	City:	State:	Zip:
Mailing Address (If different from street address):	City:	State:	Zip:

Section 2: Complaint Information

Complaint Information:

Date of Complaint	Stakeholder Type	Complaint Type	Covered Animal or Product		
	<input type="checkbox"/> Producer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Restaurant or Food Vendor <input type="checkbox"/> Food Processor <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Complaint of a Farm in California <input type="checkbox"/> Complaint of a Sale in California <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Pork Meat <input type="checkbox"/> Veal Meat <input type="checkbox"/> Eggs <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Pig Farm <input type="checkbox"/> Veal Farm <input type="checkbox"/> Egg Farm <input type="checkbox"/> Other (Specify) _____
How do you know this information?					

Complaint Location:

Business Name:	Business Number:	Business Email:	
Street Address:	City:	State:	Zip:
Contact Person (name):	Contact Number:	Contact E-mail Address:	

Section 3: Details of Complaint

In the section below, please provide a detailed description of the complaint. Please be as detailed as possible and consider information about who, what, when, where and how. All supporting photo(s), video(s) and document(s) must be attached in your email when submitting your complaint. *Please note that insufficient details and quality of supporting evidence will delay or prevent action taken upon this complaint.*

Disclaimer: This form and any supplemental information submitted is subject to the California Public Records Act, Government Code 6250-6276.48, partially stated as: "Records" includes all communications related to public business "regardless of physical form or characteristics, including any writing, picture, sound, or symbol, whether paper... magnetic or other media."