Farmers Market and Farmers Market Vendor Complaint Form

West Virginia Department of Agriculture

Regulatory Programs Division

Charleston, WV 25305

Date:	Time:
Complainant's full name:	Telephone #:
Address:	
Email address:	
Farmers market name & address:	
Vendor name & address (if applicable):	
Name of product(s) (if applicable):	
Date or purchase (if applicable):	Lot code or other identifiers:
If you require further space to thoroughly answer the following items, please use additional paper. Describe the defect or problem encountered:	

If contacted, what was the farmers market or vendor's response:
If you have contacted other divisions/agencies about the complaint, please provide the name of the agency and the person that you spoke with:

_____ _____

Signature of person completing form Date

FOR INTERNAL USE ONLY	Date or Receipt:
Person receiving:	
Person assigned to investigate:	
Date closed:	

COMPLETE THIS FORM AND EMAIL OR FAX TO: CHAD LINTON, ASSISTANT DIRECTOR
(clinton@wvda.us)

Fax: 304-558-3594

Office: 304-558-2227

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