

FOOD ASSISTANCE COMPLAINT SUMMARY

Month of _____, 20____

Problem:

- _____ Treatment received from worker
- _____ Inability to contact worker to answer questions or set up appointments
- _____ Information requested or not requested to determine eligibility
- _____ Explanation needed on how food assistance benefits were figured
- _____ Explanation of where food assistance benefits are or why they haven't yet been received
- _____ Other: