



STATE OF NEW MEXICO  
 PUBLIC EDUCATION DEPARTMENT  
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 SECRETARY OF EDUCATION, DESIGNATE

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 GOVERNOR

## SCHOOL NUTRITION COMPLAINT FORM

Instructions: Please complete electronically and email to: **Sharona.Secatero2@state.nm.us**  
**and Rachele.DiQuarto@state.nm.us**

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Compliant Submission \_\_\_\_\_

Best Time of Day to Reach You: \_\_\_\_\_

Best Way to Reach You (Check One): Mail \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Other \_\_\_\_\_

**1. In the box below, please describe your complaint in detail. List Name(s) of person(s) involved in the alleged complain (if known).**

*This box auto-expands.*

Please check ( ✓ ) the program the alleged complaint occurred in:

- School Breakfast Program
- National School Lunch Program
- Afterschool Snack Program
- Fresh Fruit & Vegetable Program
- Seamless Summer Options Program

FOR PED INTERNAL USE ONLY:	
Received By: _____	Date: _____

Person assigned to complaint:	Date:
Contact made with SFA:	Date:
Name & Title of person at SFA spoke with:	
Outcome:	Date:
Follow up with person filing complaint made by:	Date: