



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

MICHELLE LUJAN GRISHAM
 GOVERNOR

SCHOOL NUTRITION COMPLAINT FORM

Instructions: Please complete electronically and email to: **MichaelA.Chavez@ped.nm.gov**
and Rachele.DiQuarto@ped.nm.gov

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: