

System: Web-Based Supply Chain Management (WBSCM)
Form: FNS Complaints Form
Screenshot as of: 8/24/09

Screenshot #1: WBSCM Complaints Form (Basic Info Form)

The screenshot displays the 'Complaint/Order Search' form in the WBSCM system. The form is titled 'Complaint: In Process' and contains the following information:

- Customer Number:** 4000269
- Subject:** [Pennsylvania Dept. of Agriculture](#)
- Reference Order Number:** 5000001993
- Your Description:** [Empty text box]
- Incident Date:** [Empty date field] (MM/DD/YYYY)
- Date Recipient Agency Received:** [Empty date field] (MM/DD/YYYY)
- Commodity:** [Empty text box]

The complainant information is as follows:

- The Complainant is the person filing the complaint.**
- Complainant Name:** SDA_USER1 SDA_USER1
- Complainant Title:** [Empty text box]
- Complainant Phone:** [Empty text box]
- Complainant Fax:** [Empty text box]
- Complainant Email:** sdauser1@gmail.com

Additional contact information fields include Contact Name, Organization, Phone, and Email, all of which are currently empty.

The Reason Code is selected from a dropdown menu. Below this are fields for Additional Remarks, Street Address of Remaining Product, and a table of items.

Item	Product	Ordered Quantity	Quantity Affected	Quantity Remaining	Unit	Description
1000	100195	100.000	* [Empty]	* [Empty]	CS	PORK, HAM FRZ WATERADDED PKG 4/10 LB

At the bottom of the form, there is an 'Upload File' section with an 'Attach' button, and a 'Cancel' button on the left and a 'Continue' button on the right.

Screenshot #2: WBCSM Complaints Form (Survey Form)

USDA United States Department of Agriculture
Web-Based Supply Chain Management

Welcome SDA User - 1 [Log Off](#) **WBCSM**

[Home](#) [Operations](#) [Admin](#) [Reports](#) [Help](#)

[Order Processing](#) [Complaint Administration](#) [Recall Administration](#)

Create/Display FHS Complaints [Back](#) [Forward](#)

Complaint/Order Search

Complaint: In Process --> Survey

Please select all that apply from one or more of the problem categories described below:

Quality of Product:

taste/odor Appearance/Color defects
 mold excess liquid by volume (canned products)
 others

Foreign Material in Product:

bones metal/machines parts stems, leaves, etc.
 Insects/Insect parts glass plastic
 rock
 others

Packaging Condition:

cans dented beyond use corrosion in cans bulging cans
 leaking cans bags tear/pin holes not properly sealed
 possible evidence of tampering exposure to contaminant
 others

Cooking or preparation issues:

wrong color when cooked product does not perform well excess breading
 undercooked
 others

Commodity caused:

allergic reaction illness Injury
 others


Do you feel this complaint raises a food safety concern? Yes No

If this complaint is for information and trend analysis only, please check here:

It is not always possible to replace product, but if you wish to request replacement, please check here:


[Back](#) [Save](#) [Continue](#)

Screenshot #3: WBSCM Complaints Form (Food Safety Info Form)



United States Department of Agriculture
Web-Based Supply Chain Management

Welcome SDA User - 1

Log Off 

Home
Operations
Admin
Reports
Help

Order Processing
Complaint Administration
Recall Administration

Create/Display FHS Complaints | [Back](#) [Forward](#)

Complaint/Order Search

Complaint: In Process --> Survey -> Food Safety

Submit Complaint - Food Safety

Please enter any information that may apply to your complaint and select **Submit Complaint**.
Select **Back** to return to the Submit Complaint - Problem Description screen. Select **Save** to save the complaint as work in progress.

You are submitting a complaint for Delivery Order

Delivery Order Number	Product ID	Product Description
5000001993	100195	PORK, HAM FRZ WATERADDED PKG 4/10 LB

Brand Name:

Lot Number:

Establishment Number:

* Do you have the original packaging? Yes No

If the suspected commodity caused illness or injury, please enter any/all information that applies

Number of people reporting illness:

Reported Symptoms:

<input type="checkbox"/> vomiting	<input type="checkbox"/> choking	<input type="checkbox"/> fever (temp > 101.4)
<input type="checkbox"/> headache	<input type="checkbox"/> bleeding-sputum	<input type="checkbox"/> numbness
<input type="checkbox"/> nausea	<input type="checkbox"/> laceration	<input type="checkbox"/> difficulty breathing
<input type="checkbox"/> dizzy/fainting	<input type="checkbox"/> bleeding-vomit	<input type="checkbox"/> muscle pain
<input type="checkbox"/> diarrhea	<input type="checkbox"/> broken tooth	<input type="checkbox"/> rash
<input type="checkbox"/> abdominal_pain	<input type="checkbox"/> bleeding-stool	<input type="checkbox"/> muscle weakness
<input type="checkbox"/> Others <input style="width: 100%;" type="text"/>		

When was the onset of symptoms:

Did this person seek medical assistance? Yes No

Did the Health Department investigate? Yes No

Was lab tests ordered? Yes No

If yes, please identify the type of lab test(s)

Lab Tests:

<input type="checkbox"/> taste/odor	<input type="checkbox"/> Appearance/Color	<input type="checkbox"/> defects
<input type="checkbox"/> others <input style="width: 100%;" type="text"/>		

Did test(s) identify the cause? Yes No

If yes, please explain:

[Back](#)
[Save](#)
[Submit](#)