

System: Web-Based Supply Chain Management (WBSCM)
Form: FNS Complaints Form
Screenshot as of: 8/15/13

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

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

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Complaint/Order Search

Complaint: In Process

Customer Number: **4900130**
 Subject: [NM Human Services Dept.](#)
 Order Number:
 Your Description:
 Incident Date: (MM/DD/YYYY)
 Date Recipient Agency Received: (MM/DD/YYYY)
 Commodity:

The Complainant is the person filing the complaint.
 Complainant Name:
 Complainant Title:
 Complainant Phone:
 Complainant Fax:
 Complainant Email:

If someone other than the Complainant is the contact for this complaint, please enter the Contact information below.
 Contact Name:
 Contact Organization:
 Phone:
 Email:

Additional Remarks:
 Street Address of Remaining Product:

| Item | Product | Ordered Quantity | Quantity Affected | Quantity Remaining | Program | Unit | Description |
|------|---------|------------------|------------------------|------------------------|---------|------|-----------------------------------|
| 1000 | 130035 | 1,650.000 | * <input type="text"/> | * <input type="text"/> | NSLP | CS | CHEESE BLEND AMER SKM LVS-12/2 LB |

You may attach any digital pictures or support documents of the affected product by clicking the "Attach" button. Please retain the object until the complaint is resolved or you have been contacted by USDA to dispose of the product. If USDA requires the foreign object, the complainant will be contacted with mailing instructions.

[Attach](#)

[Cancel](#) [Continue](#)

Screenshot #2: WBSM Complaints Form (Survey Form)

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Complaint/Order Search

Complaint: In Process

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)
 Other

Foreign Material in Product:

Bones Metal/Machines Parts Stems, Leaves, etc.
 Insects/Insect parts Glass Plastic/Rubber
 Rock
Object Dimension
**If a foreign material in product has been identified, then you must input the object's dimension*
 Other

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
 Other

Cooking or preparation issues:

Wrong color when cooked Product does not perform well Excess breading
 Undercooked
 Other

Commodity caused:

Allergic Reaction Illness Injury
 Other

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)

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Web-Based Supply Chain Management

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Complaint/Order Search

Complaint: In Process -> Food Safety

Submit Complaint - Food Safety

Please enter any information that may apply to your complaint and select **Submit**.
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 Sales Order | | |
|------------------------------------------------|------------|-----------------------------------|
| Sales Order Number | Product ID | Product Description |
| 5000034404 | 130035 | CHEESE BLEND AMER SKM LVS-12/2 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"/> Other | <input 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"/> Blood | <input type="checkbox"/> Urine | <input type="checkbox"/> Feces |
| <input type="checkbox"/> Other | <input type="text"/> | |

Did test(s) identify the cause? Yes No

If yes, please explain:

(Maximum characters: 180)
You have characters left.

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