

**INFORMAL COMPLAINT TO BE FILED UNDER
THE PERISHABLE AGRICULTURAL COMMODITIES ACT**

Complaining Party:

Company Name: _____

Address: _____

PACA License No.: _____

Date: _____

Contact Person: _____

Phone No: _____

Fax No: _____

Email: _____

Complaint To Be Filed Against:

Company Name: _____

Address: _____

PACA License No.: _____

Contact Person: _____

Phone No: _____

Fax No: _____

Email: _____

If there is a dispute, or the complaint does not involve unpaid invoices, please state your claim below. You may also attach a separate letter describing the dispute. Please be sure to include copies all relevant documents, such as invoices, passings, bills of ladings, and inspections. If a broker was involved, please provide name and address of the broker, along with copies of the confirmations of sale, and/or any other documents issued by the broker.

Please Provide Your Written Explanation Below:

Please use the table below to list the unpaid invoices. If you require more space you may use a separate sheet of paper to list the invoices and amounts due.

<u>Invoice No.</u>	<u>Date Shipped</u>	<u>Invoice Amount</u>	<u>Amount Paid</u>	<u>Balance Due</u>
Total Claim Amount:				

Documents and items required with this complaint:

- \$100 Filing Fee. Please make checks payable to “**USDA-AMS**”
- Include copies of supporting transaction documents such as: Invoices, Revised Invoices, Passings, Account Statements, Credit Memorandums, Payment Term Agreements, Contracts, Bills of Lading, Confirmations of Sale, and Inspection Certificates

Please Note; Complaints received without the Filing Fee cannot be processed.

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If you prefer, you may pay the filing fee with a credit card. If so, please provide the following information:

Check Type of Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Indicate Credit Card Charge Amount: ☐ Informal, \$100 ☐ Formal, \$500 ☐ Other, \$ _____

Card No: _____ Expiration Date: _____

Security Code from Back of Credit Card: _____

Card Holder Name: _____ Card Holder Signature: _____

(Please Print as Shown on Card)

Daytime Phone No: _____ Contact Name: _____

USDA PACA Field Offices:

www.ams.usda.gov/paca

U.S. Department of Agriculture
AMS, F&V Programs, PACA Branch
Tucson Federal Building, Room 7 T
300 West Congress Street
Tucson, AZ 85701-1319
Telephone: 800-495-7222 (toll free) Ext. #5
Fax: 520-670-4798
Email: PACAwest@ams.usda.gov
States Served: AZ, CA, CO, ID, IA, KS, MN, MO,
MT, ND, NM, NE, NV OR, SD, UT, WA, WY, AK, HI

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