



CCOF

Organic Certification Education & Outreach Political Advocacy Promotion

COMPLAINT FORM

This form may be used to file a complaint or submit an allegation against a CCOF certified operation for violations of USDA/NOP and or CCOF Global Market Access program standards. If you feel that you have witnessed, or have evidence that a CCOF client is engaged in the application of a prohibited material, misleading or fraudulent labeling, commingling of conventional and organic product, or other violations of the standards, please fill out this form.

CCOF investigates complaints per CCOF's Certification Services Program Manual. CCOF conducts such investigations confidentially and based only on documented evidence. The complainant should know that every CCOF client has the right to a complete and fair investigation and review of the complaint by CCOF, as well as the right of appeal of a proposed suspension or revocation, or denial of certification.

Please complete this form as accurately as possible in order to help us investigate this complaint quickly and efficiently. You may send the complaint form to:

CCOF
2155 Delaware Ave., Suite 150
Santa Cruz, CA 95060

Fax: (831) 423-4528
Phone: (831) 423-2263
Email: inbox@ccof.org

Complaint Information:

Your Name: _____ Email: _____
Address: _____ Phone: _____

Do you want your name to be confidential during CCOF's investigation of this complaint?

Yes No *(Please note, even if you indicate that you want your name to be held confidential you must submit your name and contact information as required by USDA/NOP and or CCOF Int'l standards. While CCOF can keep your name confidential for the purposes of CCOF's investigation, CCOF cannot ensure that your identity would remain confidential in the event that CCOF records were subpoenaed by a court of law or requested by subsequent county, state, or federal investigators.)*

What is your complaint? Please tell us what you observed and what evidence you have to support your allegation, including attaching records or photographs to support your claims. Please clearly provide specific information regarding who, what, when and where your complaint alleges. Attach records or photographs you may have as evidence.

If you are or were an employee of this operation please describe your job and job title:

THIS COMPLAINT FORM MUST BE SIGNED AND DATED!

By my signature I attest that the information provided is true and accurate to the best of my knowledge:

Signature: _____ Date: _____

