



The Idaho Foodbank

# COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) Complaint Form

**For More Information Contact:**

Adam Hansen  
Programs Coordinator  
Phone: (208) 577- 2714  
Cell: (208) 602-4750

Email: [CSFP@idahofoodbank.org](mailto:CSFP@idahofoodbank.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Agency where you receive your CSFP food box: \_\_\_\_\_

Best time of day to reach you: \_\_\_\_\_

Your complaint/concern will be sent to The Idaho Foodbank, the organization that implements the Commodity Supplemental Food Program (CSFP). You will be contacted by an Idaho Foodbank representative who will follow up to address your complaint/concern.

What is your complaint or concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The Idaho Foodbank  
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