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Supporting thriving farms, healthy families, and vibrant communities since 1990.

Vendor Concern Form

Tacoma Farmers Market (TFM) Vendors who have concerns about market operations or management, vendor policies, or other vendors’ compliance with market rules are encouraged to submit this concern form to market management. **Forms should be submitted directly to Executive Director, Operations Director or Market Manager on the day it occurred or within one week of the market during which the alleged violation/incident occurred**. In the event that the Vendor believes there has been a gross misapplication of a TFM policy, procedure, rule, or action or gross negligence by market management, the aggrieved party must file a concern form with the Executive Director. In the event that the aggrieved party and the Executive Director are unable to resolve the grievance, then the aggrieved party may file a concern form with the TFM Board of Directors within ten business days of a closed appeal. See TFM Market Rules and Guidelines for details. Board Members are listed on our website: www.tacomafarmersmarket.com.

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

Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Concern: Please use the TFM Rules and Guidelines to reference the policy with which you have concerns. If this is a complaint regarding a vendor or staff member please specify their name. (Continue on back if necessary)

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Market Date and approximate time at which the violation/incident occurred:

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Please state specific violations of the rules/incident. Provide any evidence that supports your concerns. (Continue on back if necessary)

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

FOR MARKET USE ONLY | NOTES:

Date Received: Received by: