

REGISTER OF NATIONAL FOOD SECURITY ACTS REPORTS OF POSSIBLE NONCOMPLIANCE
 (Requires Completion of FSA-569 Form)

NRD _____ FIELD OFFICE _____ COUNTY _____ CROP YEAR _____ PAGE _____

Control Number (sequential number by FY, i.e. "1-07")							
Person (maybe anonymous) or Agency Filing Report FSA-569							
Date Report (Complaint) Received							
Participant							
Farm/Tract Number							
Type of FSA-569 (HELC/WC)							
Date FSA-569 Requested							
Date FSA-569 Received							
Date of Preliminary Technical Determination in response to the 569. (Within 30 days of receipt)							
Preliminary Technical Determination (i.e. NA, CW, FW etc...)							
If Reconsideration Requested, Enter Date							
If Mediation Requested, Enter Date							
If Wavier Requested, Enter Date							
Date of Final Technical Determination (30 days from Preliminary if no action by participant)							
Final Technical Determination (i.e. NA, CW, FW etc...)							
Date All Appeal Rights Exhausted							
Date FSA-569 returned To County Farm Service Agency							

- o FSA-569 will be requested when a report of possible noncompliance is received or a determination of noncompliance is made during an annual status review. (File in 180-12-5)
- o If a FSA-569 is received from the Farm Service Agency as a result of their spot check process, an investigation and initial determination will be made within 30 days of receipt.
- o FSA-569 will be held for completion until all appeal rights have been exhausted. After all appeal rights have expired, the FSA-569 will be completed and sent to County Farm Service Agency.