

Damaged Product Report

- Please retrieve product if at all possible
- Take product and this report to a cupboard for exchange
- Complete all information, including the type of products and number of damaged units

Reporting Troop# _____ Service Unit Name and # _____

Troop Cookie Manager's Name _____

Address _____ Phone _____

Date of this report ___/___/___ Time ____:_____

Report Completed By _____

Type of cookie(s) _____ Number of units _____

Code number(s) on cookie(s) _____ Date of Incident ___/___/___

Who complained? _____

Address _____ City _____ Zip _____

Complaint (circle one): Damaged Container or Other (please explain) _____

If a foreign object was found in the product or the product has caused physical harm, contact your Service Unit Cookie Manager immediately and provide the following additional information:

Are there Children in the household? _____ If yes, what are the age (s) _____

Name of parent/guardian if a child was involved _____

Does complainant have the product still? _____

Product has been picked up by _____ Date ___/___/___

Pickup Notes _____

Troop who sold the product # _____ Location of Sale _____

Where/How was product stored before delivery to customer? _____

Reported to BOTH:

Service Unit Cookie Manager (phone or email) _____ on _____

Entrepreneurship Manager (phone) 949-461-8847 on _____