girl scouts of orange county

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? _____

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