



PRODUCT QUALITY/INCIDENT REPORT
2017 Cookie Program

Report Details

Date of this Report _____

Complainant _____ Registered GS Adult? ☐ Yes ☐ No

Address _____

Telephone: (Day) _____ (Email) _____

Are there any children in the household? ☐ Yes ☐ No Age(s) _____

Complaint / Incident _____

GSGLA Discovery Details

Region _____ Service Unit _____ Troop # _____

Date of Discovery _____ Product involved _____

Has can been discarded? ☐ Yes ☐ No Code # from Product _____

Date of Purchase _____ Date of Receipt by Customer _____

Purchased by _____ Received by _____

Product Replaced? ☐ Yes ☐ No Date Replaced _____

Replaced with? _____ Refund approved? _____

Call / Report Taken by: _____

Office Use Only

CEO & CERO Notified? ☐ Yes ☐ No Date Notified _____

Little Brownie Notified? ☐ Yes ☐ No Date Notified _____

GSUSA Notified? ☐ Yes ☐ No Date Notified _____