

Girl Scouts of Northern California

Product Complaint Form

Fax, mail or email completed form to your GSNorCal Area office

Date _____

Name of customer: _____

Address _____

Zip _____ City, _____ State, _____

Telephone _____ Fax _____ E-mail _____

Are there any children in the household? _____ What age(s)? _____

Complaint _____

Date of incident _____ Type of product _____

Has packaging been discarded? _____ Code number _____

Vendor / Supplier: _____

Product picked up by _____ Date _____

Product sent to supplier by _____ Date _____
(name of person)

Did complainant accept replacement? _____

Call taken by _____

Position _____

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