



PRODUCT QUALITY/INCIDENT REPORT
2010 Fall Product 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 _____

Trophy Nut Notified? Yes No Date Notified _____

GSUSA Notified? Yes No Date Notified _____