



Product Safety

Please attach copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone: Home () _____ Work () _____ ext. _____ Cell () _____

Contact me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

2. Name and address of victim if different from above:

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone: Home () _____ Work () _____ ext. _____ Cell () _____

Contact me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Your relationship to victim: _____

Information about your complaint

3. Victim's age: _____ Gender: _____ Date of incident: _____

4. Product name or describe product involved: _____

5. Product model: _____ Serial number: _____ Do you still have the product? Yes No

6. Brand name/Manufacturer: _____

Address: _____ Ste.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Business email: _____ Business website: _____

7. Manufacturer contact person: _____ Title: _____

8. Manufacturer's phone: () _____ Fax: () _____

9. Where was the product purchased? _____ Date of purchase: _____

10. Do you have a receipt? No Yes If yes, please provide a copy.

11. Contact person at place of purchase: _____ Phone: () _____

12. Amount paid: \$ _____ by: (circle one) cash check credit card financed money transfer other plan

13. Did you contact the business about your complaint? (circle one) No Yes If yes, date? _____

What happened? _____

IMPORTANT: More questions on the back page (over)

