



CONSUMER CONCERN FORM

Please print this form and keep the original copy on file in your restaurant. Send the second copy to Head Office addressed to Quality Assurance: qa@hsrc.ca. **ALWAYS** retrieve the product in question for proper investigation. Do not forget to fill-out the checklist at the bottom of the page.

Customer Complaint ☐

Internal Complaint ☐

Date: _____

Time Reported: _____

YYYY-MM-DD

First Name (Customer)	
Last Name (Customer)	
E-mail address	
Phone number	
Address (optional)	

Product Name	
Code on Package	
Location Purchased	
Date Purchased	
Date Consumed	
How was the product stored	
Additional info: BB/Production Code/Lot#	
NATURE of COMPLAINT	
DESCRIPTION	
Remarks/Comments	PICTURE TAKEN ____ Y ____ N
	PRODUCT SENT ____ Y ____ N
Form Completed by:	First Name:
	Last Name:

Checklist:

- ☐ Product sample sent
- ☐ Customer complaint form completed
- ☐ Customer has been contacted