



# Telephone Log – Product Complaints

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

Date of this report: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who complained? \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Are there children in the household? \_\_\_\_\_ What age(s)? \_\_\_\_\_

Name of parent/guardian if child is involved \_\_\_\_\_

Date of Incident \_\_\_\_\_ Type of cookies \_\_\_\_\_

Code no. ( indented on package) \_\_\_\_\_ Cookie supplier \_\_\_\_\_

Cookies have been picked up by \_\_\_\_\_ Date \_\_\_\_\_

Media coverage: \_\_\_\_\_ actual \_\_\_\_\_ potential

Newspapers/Radio Station/TV Station \_\_\_\_\_

Are local law enforcement or health officials involved? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of official \_\_\_\_\_

Agency \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Who contacted the official \_\_\_\_\_

**(Continued on next page)**

Where were the cookies stored before delivery? \_\_\_\_\_

Who delivered the cookies? \_\_\_\_\_

Troop Cookie Manager's name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Call taken by:

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Contact: Girl Scouts Heart of Central California – (866) 740-0074

Inform Product Program Department of situation.

Mail completed form to:

Product Program Department – Product Complaints

Girl Scouts Heart of Central California

6601 Elvas Ave

Sacramento, CA 95819

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*For Office Use Only:*

**Reported to:**

	<b>Name</b>	<b>Phone</b>	<b>Date</b>
<b>Director of Sales</b>	_____	_____	_____
<b>Cookie Vendor Rep.</b>	_____	_____	_____
<b>Management staff</b>	_____	_____	_____