



QM.F.401 - GLYDE® RETAILER INCIDENT REPORT FORM

STORE NAME: _____ STORE PHONE #: _____

DATE INCIDENT REPORTED TO RETAILER: _____

NAME OF STAFF MEMBER WHO RECEIVED COMPLAINT: _____

CUSTOMER NAME: _____

CUSTOMER PHONE #: _____ CUSTOMER EMAIL: _____

DATE OF PURCHASE: _____

PRODUCT NAME: _____

LOT #: _____ EXPIRY DATE: _____

DATE OF INCIDENT: _____

LENGTH OF TIME PRODUCT WAS IN USE WHEN INCIDENT OCCURRED: _____

BRAND/TYPE OF LUBRICANT USED (IF ANY): _____

TOPICAL MEDICATIONS USED (IF ANY): _____

DESCRIPTION OF INCIDENT: _____

STORE RESPONSE: _____

DID CUSTOMER RETURN REMAINING UNUSED PRODUCT? _____

KARE KITS INC. - INTERNAL OFFICE USE ONLY

DATE RECEIVED: _____ REF #: _____

INCIDENT REPORT #: _____

FINAL ACTION: _____

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