

Return to: LCBO Grocery Operations Tel: 416-365-5842 or email at wholesaleservice@lcbo.com	Store Operator Number	Telephone Number	Date	(Office Use Only) Sample No.
	Store Operator Name		Contact Name	Date Received
	Address			

Note: All reports of alleged illness, allergic reaction, personal injury, property damage, hospitalization, medical care, or health & safety issue, e.g., the presence of glass particles, must be reported to LCBO Grocery Operations immediately @ wholesaleservice@lcbo.com.

LCBO Item No.	Product Description (One Only)	No. of Units	Retail Price per Unit	Total Retail Value
Customer's Name		For Refund Purposes Only		
Customer's Street Address		Unit/Suite No.	_____	
City/Village		Customer's Signature		
Home Telephone Number	Business Telephone Number	Postal Code		
Email Address				

Reason for Complaint: (check all that apply and add comments as applicable)

<u>Health Concern</u> <input type="checkbox"/> stomach cramps <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> asthma <input type="checkbox"/> allergic reaction <input type="checkbox"/> food sensitivity <input type="checkbox"/> other (comments) <input type="checkbox"/> customer requests an investigation <input type="checkbox"/> medical treatment required <input type="checkbox"/> hospitalization required	<u>Personal Injury</u> <input type="checkbox"/> lacerations <input type="checkbox"/> contusions <input type="checkbox"/> other (comments)	<u>Property Damage</u> <input type="checkbox"/> residence/home <input type="checkbox"/> vehicle <input type="checkbox"/> recreational vehicle <input type="checkbox"/> other (comments)	<u>Additional Reason Descriptors:</u> <table border="0"> <tr> <td> <u>Appearance</u> <input type="checkbox"/> not typical <input type="checkbox"/> off colour <input type="checkbox"/> cloudy/hazy <input type="checkbox"/> gaseous/bubbly <input type="checkbox"/> lacks effervescent <input type="checkbox"/> other (comments) </td> <td> <u>Aroma & Flavour & Taste</u> <input type="checkbox"/> not typical <input type="checkbox"/> oxidized/maderized <input type="checkbox"/> vinegary <input type="checkbox"/> sulphury <input type="checkbox"/> compost/microbial <input type="checkbox"/> chemical/medicinal <input type="checkbox"/> corky/musty <input type="checkbox"/> tart or acidic <input type="checkbox"/> bitter/astringent <input type="checkbox"/> other (comments) </td> <td> <u>Faulty Packaging</u> <input type="checkbox"/> packaging leaked <input type="checkbox"/> loose cap or seal <input type="checkbox"/> dry or crumbled cork <input type="checkbox"/> faulty screw cap <input type="checkbox"/> hard to open <input type="checkbox"/> defective packaging <input type="checkbox"/> contains foreign matter <input type="checkbox"/> other (comments) </td> </tr> </table>			<u>Appearance</u> <input type="checkbox"/> not typical <input type="checkbox"/> off colour <input type="checkbox"/> cloudy/hazy <input type="checkbox"/> gaseous/bubbly <input type="checkbox"/> lacks effervescent <input type="checkbox"/> other (comments)	<u>Aroma & Flavour & Taste</u> <input type="checkbox"/> not typical <input type="checkbox"/> oxidized/maderized <input type="checkbox"/> vinegary <input type="checkbox"/> sulphury <input type="checkbox"/> compost/microbial <input type="checkbox"/> chemical/medicinal <input type="checkbox"/> corky/musty <input type="checkbox"/> tart or acidic <input type="checkbox"/> bitter/astringent <input type="checkbox"/> other (comments)	<u>Faulty Packaging</u> <input type="checkbox"/> packaging leaked <input type="checkbox"/> loose cap or seal <input type="checkbox"/> dry or crumbled cork <input type="checkbox"/> faulty screw cap <input type="checkbox"/> hard to open <input type="checkbox"/> defective packaging <input type="checkbox"/> contains foreign matter <input type="checkbox"/> other (comments)
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Comments:

Store Operator Employee Signature

Please note that all customer personal information on this form will be forwarded to the LCBO under the authority of the Liquor Control Act, Sec. 3(n), R.S.O. 1990 CL.18 for the purpose of possible investigation of the complaint. All reports of alleged illness, allergic reaction, personal injury, property damage, hospitalization, medical care, or health & safety issue, e.g., the presence of glass particles, will be reported to LCBO Grocery Operations immediately. The LCBO may contact the customer directly as a result of such complaints. Any questions on the collection and use of the personal information by the LCBO should be directed to the Customer Service Representative, Grocery Operations, 416-365-5842 or email at wholesaleservice@lcbo.com.