

## Convenience Outlet/Retail Store Customer Product Quality Complaint Form (LCB 2457)

Convenience Outlet No.		Location			
Phone No.		Date			
LCBO Supplying Source#		Date Received			
LCBO No.	Product Description (One Only)	Vintage Year/Lot No.	No. of Units	Retail Price per Unit	Total Retail Value
<b>Reason for Return</b>					
<input type="checkbox"/> Customer Complaint <input type="checkbox"/> Product Recall/QA Alert # _____					
<b>Customer Info:</b> Customer's Name			<b>For Refund Purposes Only</b>		
Customer's Address		Apt.	_____		
		Customer's Signature			
City/Village	Postal Code	Home Phone No.	Business Phone No.	E-mail Address	
			Emergency After Hours Contact: 647-339-1043		
<b>Reason for Complaint:</b> (check all that apply and add comments as applicable)					
<u>Health Concern</u>		<u>Personal Injury</u>	<u>Property Damage</u>	<b>Additional Reason Descriptors:</b>	
<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"/> lacerations <input type="checkbox"/> contusions <input type="checkbox"/> other (comments)	<input type="checkbox"/> residence/home <input type="checkbox"/> vehicle <input type="checkbox"/> recreational vehicle <input type="checkbox"/> other (comments)	<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 &amp; Flavour &amp; Taste</u> <input type="checkbox"/> not typical <input type="checkbox"/> oxidized/maderized <input type="checkbox"/> vinegary <input type="checkbox"/> sulphury <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"/> defective packaging <input type="checkbox"/> contains foreign matter <input type="checkbox"/> other (comments)	
<input type="checkbox"/> customer requests an investigation <input type="checkbox"/> medical treatment required <input type="checkbox"/> hospitalization required					
<p>Note: All reports of alleged illness, allergic reaction, personal injury, property damage, hospitalization, medical care, or health &amp; safety issue, e.g., the presence of glass particles, or product tampering must be reported to the <b>Quality Services Department Immediately</b>. Complainants claiming illness or allergic reaction must be given the "Notice to Customer - Complaints Concerning Illness", handout (LCB 1605).</p>					
Comments:					
_____					
Convenience Outlet Operator Signature					

### HANDLING INSTRUCTIONS FOR BOTTLES AND PRODUCT RETURN FORMS:

Prepare complaint form and distribute as follows:

- 1) Convenience Outlet Instructions: – Provide customer an immediate refund.
- 2) Provide original copy of this form to your LCBO Supplying Source along with affected product. Do NOT retain a copy at the Convenience Outlet
- 3) LCBO Supplying Source  
Receive product from Convenience Outlet, provide refund or replacement product.
- 4) For customer complaints/product recall/non-saleable products Retain original form with the product until it is destroyed by the Manager and another Retail employee. Manager and other employee must sign and date the form. The signed form must then be sent or scanned to Quality Services. Do NOT retain a copy on file at LCBO Retail store

- OR -

- (b) If the product, at the discretion of the Manager or designate and with PRIOR APPROVAL from Quality Services, is to be investigated, send BOTH the product and the original form to Quality Services. Do NOT retain a copy on file at LCBO Retail store.

**Notice of Collection of Personal Information:** Customer personal information on this form is collected under the authority of the *Liquor Control Act*, Sec. 3(1)(r), R.S.O. 1990 c. L.18, for the purposes of investigating, analysing, reporting, and communicating with the customer about product quality complaints, including fraud prevention. Questions about the collection or use of this information may be directed to the Manager, Quality Services, LCBO, 43 Freeland Street, 3<sup>rd</sup> Floor, Toronto ON M5E 1L7, 416-864-6724, or at [quality.assurance@lcbo.com](mailto:quality.assurance@lcbo.com).