

## 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>			<b>For Refund Purposes Only</b>		
Customer's Name			_____		
Customer's Address		Apt.			
City/Village			Postal Code	Home Phone No.	Business Phone No.
			E-mail Address		
			Emergency After Hours Contact: 647-339-1043		
<b>Reason for Complaint: (check all that apply and add comments as applicable)</b>					
<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>.</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.

*Your personal information is collected under the authority of the Liquor Control Board of Ontario Act, 2019, SO 2019, c 15, Sch 21, s 3 for the principal purposes of processing a product quality complaint and communicating with you. For questions related to the collection of this personal information, please contact LCBO's Senior Freedom of Information Advisor at: Freedom of Information and Privacy Office, 100 Queens Quay East, 9th Floor, Toronto, Ontario M5E 0C7, Telephone: 416 864-2462, E-mail: [foi.privacy@lcbo.com](mailto:foi.privacy@lcbo.com)*