

Product Recall Information and Reimbursement Form

PLEASE READ EACH QUESTION AND CHECK THE PROPER ANSWER YOU HAVE CHOSEN. PLEASE CHECK WITH ANYONE WHO MAY HAVE RECEIVED THIS NOTIFICATION BEFORE ANSWERING.

Today's Date:	
Name of Agency:	
Agency ID#	
Name of Person Completing Form:	
Ticket #	
Product Description/Size/Lot	
Date Occurrence Happened/Product Received:	

Customer Service Response:

1. Did your agency receive notification that the All Faiths Food Bank is recalling its product?
YES____ NO____
2. Did your agency receive shipments of the product being recalled?
YES____ NO____
3. Do you now have any of the recalled products on hand? (Please check inventories before answering).
YES____ NO____
4. If the answer to question 3 is YES, do you intend to return the product to All Faiths Food Bank as requested?
YES____ NO____
5. If the answer to question 4 is NO, please explain your intentions

Office Response:

Customer issued credit:

Amount:

Date Issued:

Agency Relations Signature:

After completion of the form please email to: Amber Lee at alee@allfaithsfood.org or fax to: 941.371.0582. Upon receipt agency will receive a credit (if applicable) for recalled product.