

110-1401.01 PRODUCT FEEDBACK FORM

Date: _____

Broker/Sales Rep: Food Dynamics LLC. Attn: Connie Cenicerros Connie@fooddynamics.com

Store Name/Number: _____

Bakery Managers Name: _____

Bakery Managers Contact: _____

Product SKU: _____

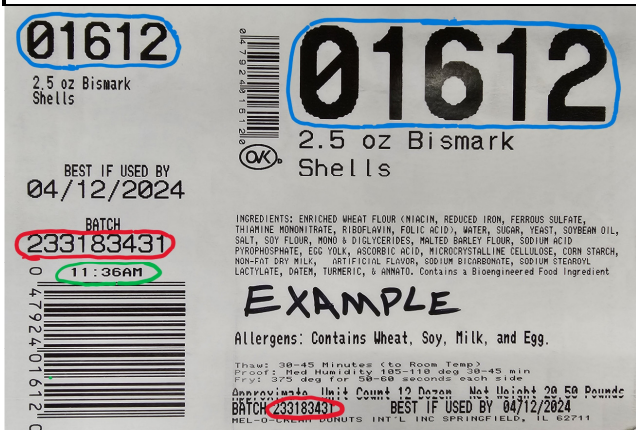
Number of Cases Involved: _____

Batch Codes (please list all): _____

Time Stamp: _____

Pictures of product issue and box label required: *must have a batch code in photo to research*
Please list all details about the product issue in the space provided below:

[Empty space for product issue details]



Batch Code

Product SKU

Time

Scan this QR Code for an online PDF version.

Stamp