

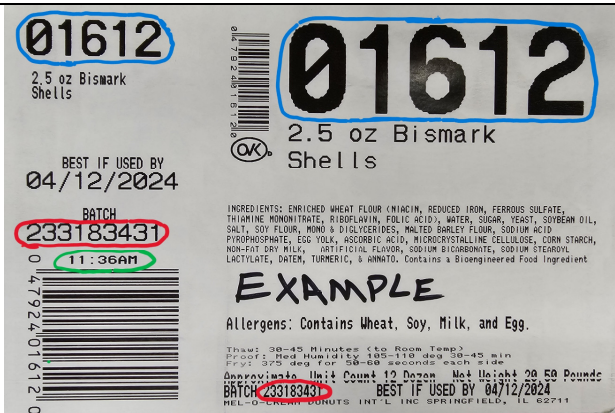


110-1401.01 PRODUCT FEEDBACK FORM

Date:
Broker/Sales Rep:
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]



Product SKU
Batch Number
Time Stamp