

**1. CUSTOMER DETAILS (Please Print)**
**Complaint No:**  
(office use only)

NAME:	
ADDRESS:	
CONTACT NUMBER:	EMAIL*:
	SIGNATURE:

\* please provide email address so a response can be sent.

**2. PRODUCT DETAILS (please provide proof of purchase)**

PRODUCT NAME:		BATCH NO:
DATE PURCHASED:	DATE RETURNED:	NUMBER RETURNED:
STORE LOCATION:	TEAM MEMBER:	
<b>REASON FOR RETURN (Please tick):</b>		
<input type="checkbox"/> ADVERSE REACTION Please complete Section 3	<input type="checkbox"/> GOODS FAULTY (Include details)	<input type="checkbox"/> OTHER (Include details)

**3. REACTION DETAILS**
**NOTE: complete if return involves adverse reaction or go to section 4**

Please describe the adverse reaction:
How soon after application did the reaction occur?
Are you prone to skin sensitivity or allergic reaction?
Do you have any allergies?
Have you had reactions to products before? If YES, what products?
Have you used this product before?
Why did you choose this product?
What advice were you given when purchasing this product?
How many times did you use product from this unit?
How did you treat the adverse reaction?
Are you currently taking medication?
Have you significantly changed your diet recently?
Other Information:



Perfect Potion  
CONFIDENTIAL

FORM  
**PRODUCT RETURN INVESTIGATION  
AND ADVERSE REACTION REPORT**

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**REACTION DETAILS (continued)**

HAVE YOU RECENTLY BEEN EXPOSED TO:			
OTHER PRODUCTS	NO	YES (please give details)	
SUN	NO	YES (please give details)	
HEAT	NO	YES (please give details)	
COLD	NO	YES (please give details)	
WIND	NO	YES (please give details)	
VERY LOW HUMIDITY	NO	YES (please give details)	
ANIMALS	NO	YES (please give details)	
PLANTS	NO	YES (please give details)	
CHEMICAL AGENTS	NO	YES (please give details)	

**4. ACTION TAKEN (Please Tick)**

<input type="checkbox"/> Product exchanged for:	
<input type="checkbox"/> Refunded: \$	<input type="checkbox"/> Credited \$
Perfect Potion Team Member:	SIGNATURE:

**THIS SECTION AUSTRALIAN HEAD OFFICE USE ONLY**

**5. QUALITY ASSURANCE INVESTIGATION (attach supporting documentation)**

Initial Investigation:	<input type="checkbox"/> Serious / Significant	<input type="checkbox"/> Of concern	<input type="checkbox"/> Likely to be minor
Areas Investigated (e.g. retention sample/ Batch records / Training)			
Causes or Factors Contributing to Complaint:	Initial Investigations Correct:		Yes / No
	Regulatory Actions:		Yes / No
	CA/ NCR #:		Yes / No
	Complaint Justified?		YES/ NO

**REVIEW AND CLOSE OUT**

Further actions:		
Closed Out: .....	Technical Manager (or delegate)	Date

Prepared by	Approved By	Review Date
DM 11/07/2017	<i>[Signature]</i> 11/07/2017	07/2020