

Beverage Alcohol Product Quality Complaint

LCBO

Return to: LCBO Grocery Operations lcbogroceryoperations@lcbo.com		Store Operator Number Telephone Nu			Date		(Office Use Only) Sample No.		
ichogroceryoperations@icho.com		Store Operator Name		Contact Nam	e			Date Received	
	Ad	Address							
Note: All reports of alleged illness, allergic reaction, personal injury, property damage, hospitalization, medical care, or health & safety issue, e.g., the presence of glass particles, must be reported to LCBO Grocery Operations immediately @ lcbogroceryoperations@lcbo.com.									
		-						Total Retail Value	
LCBO Item No. Product Description (One Only)					No. or orms				
Customer's Name						For Refund Purposes Only			
Customer's Street Add	Iress		Unit/Suite No.						
		Customer's Signature							
City/Village					Postal Code	Postal Code			
Home Telephone Num	lber	Business Telephone	e Number	Email Address					
Reason for Complaint: (check all that apply and add comments as applicable)									
Health Concern Personal Injury Property Damage Additional Reason Descriptors:									
stomach cramps	☐ laceratio			ppearance	Aroma & Flavour & Taste		Faulty Packaging		
	•				not typical	not typical		packaging leaked	
☐ diarrhea			onal vehicle] off colour	oxidized/m	zed/maderized I loose cap or s			
asthma		in other (c] cloudy/hazy	vinegary	dry or crumbled cork		or crumbled cork	
allergic reaction		_ 、			☐ sulphury		faulty screw cap		
food sensitivity] lacks effervescent	Compost/m	compost/microbial hard to op		d to open	
other (comments)				other (comments)	Chemical/m	chemical/medicinal defective p		ective packaging	
					corky/must	corky/musty		contains foreign matter	
customer requests an investigation					tart or acidi	☐ tart or acidic		er (comments)	
medical treatment required					bitter/astrin	bitter/astringent			
hospitalization required					other (com	other (comments)			
Comments:									
	Store Operator	Store Operator Employee Signature							
Please note that all custor	mer personal inf	formation on this form will	be forwarded to the	LCBO under the author	ority of the Liquor Co	ntrol Act, Sec. 3(n)	, R.S.O.	1990 CL.18 for the	

Please note that all customer personal information on this form will be forwarded to the LCBO under the authority of the Liquor Control Act, Sec. 3(n), R.S.O. 1990 CL.18 for the purpose of possible investigation of the complaint. All reports of alleged illness, allergic reaction, personal injury, property damage, hospitalization, medical care, or health & safety issue, e.g., the presence of glass particles, will be reported to LCBO Grocery Operations immediately. The LCBO may contact the customer directly as a result of such complaints. Any questions on the collection and use of the personal information by the LCBO should be directed to Grocery Operations at lcbogroceryoperations@lcbo.com