

**Consumer Info**

Name  KADY  FOGLEMAN

Address

C/S/Z

Home#  Work#

Ship To

C/S/Z

**Contact**

Initial Contact ☐ Mail ☒ Phone Date 5-30-95

Outgoing Contact ☐ Yes Date

Technical CB ☒ Requested ☐ Made Date

<input type="checkbox"/> Letter Sent	Date <input type="text"/>
<input type="checkbox"/> Mailer Sent	Date <input type="text"/>
<input type="checkbox"/> Product Received	Date <input type="text"/>
<input type="checkbox"/> Age Verification Sent	Date <input type="text"/>
<input type="checkbox"/> Age Verification Received	Date <input type="text"/>
<input type="checkbox"/> Refund Sent	Date <input type="text"/>
<input type="checkbox"/> Coupon Sent	Date <input type="text"/>
<input type="checkbox"/> Gift Merchandise Sent	Date <input type="text"/>

**Other**

☐ Forward Specific Retail Complaint To Sales Force

Other

CDC

☐ Minor

**Record Info**

Record #

Date Entered

Last Modified

**Symptoms**

☐ PM Listed Symptoms

☒ Other

☐ None

**Requests**

**Consumer Requests**

☐ Coupon ☐ Testing

☐ Merchandise ☐ Product Refund

☐ Mailer ☒ Info

☐ \$ ADDL ☐ Nothing

☐ Promotional

**PM Response**

☐ Coupon

☐ Merchandise

☐ No Action Necessary

☐ \$ Refund

☐ Other

☐ Letter

**PM Letter Category**

Check One Only:

☐ General Information/Apology

☐ General/Promotional Information

☐ Technical Info

☐ Information on Product Returned

☐ Brand Not On Recall

☐ Medical Bills

☐ Add'l \$

☐ Unreachable by Phone/Coupon

☐ Contacted/Promised Coupon

☐ Other...

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