PRODUCT/MONEY PROBLEM REPORT

Girl Scouts®
Minnesota and Wisconsin
River Valleys

❑ **Fall Product Program** _____ *(year)* ❑ **Cookie Program Activity** _____ *(year)*

Adult responsible for money

Name: _____

Address: _____ Day Phone: _____

City/State/Zip: _____ Evening Phone: _____

E-mail Address: _____ Cell Phone: _____

Person is: *(Check all applicable)*

❑ Girl Scout Parent/Guardian ❑ Girl's Name: _____

❑ Customer ❑ Other: _____

Date: _____ Service Unit #: _____ Service Unit Product Program Manager: _____

Troop #: _____ Troop Leader: _____

E-mail/Phone #: _____

Type of Problem: *(check one)*

❑ Product not paid for (troop or individual) _____ # of items $_____

❑ Stolen product *(attach copy of Police Report)*

❑ Packaging /Product Problem *(must be returned for credit)* Variety: _____ ID code on package: _____

❑ Troop overpaid: $_____

Describe all actions taken to resolve the product or money problems:

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For office use only: ❑ Resolved ❑ Send to collection ❑ Refund amt: _____

Staff name: _____ Date: _____

White copy to Service Center, Attn.: Product Sales Dept.
Yellow copy to Service Unit Product Program Manager • Pink copy to adult responsible for money