



FORM

Complaint and Claim Form

Document Title	Complaint and Claim Form
Document Number	ERB HACCP FOR 04 129
Document Type	Form

PLEASE READ _ BEFORE COMPLETING AND SUBMITTING THIS DOCUMENT

Instructions

Your complaint should contain all necessary information as well as any supporting evidence.

Please ensure you have read the form entirely before completing. Requests will not be actioned unless this form is completed as required.

Lodgement

Once you have completed this form, please return via email at qa@earlyrisebaking.com.au.

If you require assistance in completing or lodging this form, please contact us at qa@earlyrisebaking.com.au or by calling 02 6884 6878.

Contact Details

Full Name (First and Last Name)
Business Name (If Applicable)
Contact Number (For correspondence)
Email Address (For correspondence)

Product Information

Product Name	Best Before Date (dd/mm/yyyy)
Barcode (E.g. 9 329891 006603)	Batch Code (If applicable E.g. ERB123BRJ)

Purchase Information

If you purchased directly from Earlyrise Baking Co, please complete Section A. If you purchased through a supermarket or other retail store, please complete Section B.

Section A – Direct

Invoice Number	For Date (dd/mm/yyyy)
Product Code (E.g. 1017)	Quantity Affected (E.g. 1)

Section B – Other

Store Purchased from Name	Store Purchased from Postcode
Purchase Date (dd/mm/yyyy)	Quantity Affected (E.g. 1)

Reason for Contact

- Damaged Packaging
- Overbaked/Underbaked Product
- Wrong Product Delivered
- Foreign Matter
- Incorrect Labelling
- Missing Product
- Other (please specify): _____

Supporting Information

Was the issue visible at the time of purchase or delivery?

Yes No

What is the current status of the product?

Disposed of Returned to Earlyrise Baking Co Returned to supermarket or other retail store

Other (please specify): _____

Details of Complaint (Optional)

Supporting Evidence

Any supporting evidence that you can provide will assist us in investigating your complaint and reviewing your claim request. Please provide the following high quality colour images of the following:

- Affected Product
- Affected Label including Barcode and Batch Code (if applicable).

Declaration

I, _____ to the best of my knowledge, I confirm that the information provided in this form is true and accurate. I understand that providing false, misleading or incomplete information may lead to my claim/credit request not being processed. I understand that this form will be reviewed by Earlyrise Baking Co for approval and any claim/credits is at the discretion of the company.

Signature * _____

Date * _____