

VE Customer Complaint Questionnaire

Fill out the form below with your contact, and store information. Please be as detailed as possible on your complaint so that we can better resolve the problem. Send form to customerservice@vitalessentialsraw.com



CUSTOMER INFORMATION

Name _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

STORE INFORMATION

Store _____ Distributor _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Date of Complaint: _____

Sales Person: _____
(If known)

Notification Type: _____
(i.e. rancidity, texture, odor, foreign object)

Product Name: _____

Sales # or PO #: _____
(If known)

Lot Number: _____

Best Buy Date: _____

Description of issue:

Customer Actions: _____
(i.e. return to store, discard)

Thank you for providing this information. This will help us determine the issue and address the problem.