

# Retail Returned Goods Damage Evaluation Report

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## Return Details

Report Date:

Retailer Name:

Store Location:

Contact Person:

Contact Number:

## Returned Product Information

Product Name:

Model/SKU:

Quantity:

Reason for Return:

## Damage Assessment

Description of Damage	Severity	Possible Cause	Action Taken
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Additional Notes

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Evaluator Name/Signature

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Date