

Damaged Product Return Report

Report Number:

Date:

____ / ____ / ____

Reported By:

Department:

Product Details

#	Product Name	Product Code/SKU	Quantity	Description of Damage
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Additional Remarks

Reported By

(Signature & Date)

Checked By

(Signature & Date)

Approved By

(Signature & Date)