

# 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)