

Merchandise Damage Incident Report Form

Date of Report

Reported By

Your Name

Incident Details

Date of Incident

Location

Location of Incident

Product Name/Description

Describe the merchandise

SKU/ID

Product SKU or ID

Quantity Damaged

Type of Damage

Select

Description of Damage/Incident

Describe what happened

Witnesses (if any)

List names separated by commas

Immediate Action Taken

Actions taken immediately

Reporterâ€™s Signature

Name/Signature

Type your name

Date