



STRICTLY CONFIDENTIAL
PROPERTY OF WAKEFERN/ShopRite

Notice of Customer Complaint

DATE: **October 4, 2002**
QA LOG #: 0000000000

ATTACHMENT B

VENDOR NAME
ADDRESS
CITY ST ZIP

ATTN: CONSUMER AFFAIRS

FAX:

- URGENT** – Illness, personal injury, damage; Respond upon receipt of Notice.
- Consumer has a specific question - product usage, ingredients, allergens, etc.
Respond to Consumer within 24 hours.
- FYI - No consumer contact required.

PRODUCT DESCRIPTION:

PACK AND SIZE: CODE:

CUSTOMER'S STATEMENT:

QA DIRECTION/COMMENTS:

SAMPLE LOCATION:

CUSTOMER INFORMATION:

CUSTOMER NAME

ADDRESS

CITY ST ZIP

Phone (Day):

Phone (Eve):

STORE INFORMATION:

ShopRite Store # and Location:

Store Phone:

Contact:

Procurement:

William Sweeney, Manager, Quality Assurance

PLEASE COPY QUALITY ASSURANCE WITH ALL CORRESPONDENCE.

REFERENCE OUR QA LOG NUMBER.

CONSUMER AFFAIRS DIV - P7-103
732-906-5155 FAX 732-906-5160

WAKEFERN FOOD CORPORATION
PO BOX 506
ELIZABETH, NJ 07207-0506

24/7

QUALITY ASSURANCE DIV - PE-211
908-527-3339 FAX 908-527-3849