



DELIVERY REPORTING FORM

*Please answer ALL questions below.
Incomplete forms will cause delays in processing complaints.*

Today's date:

Your name:

Original Delivery Information...

Order confirmation code:

Cookie Receiver's name:

Delivery address:

City, Province, and Postal Code:

Day phone #:

Other phone #:

Area name:

Division name:

District name:

Cookie Adviser's name & phone:

Number of Cases ordered:

Delivery date requested:

Delivery Service...

Were you contacted prior to delivery? (Y/N)

Date contacted:

Arranged date of delivery:

Actual date delivery arrived:

Proof Of Delivery (POD) slip #:

of Cases received & signed for:

Please describe your complaint in detail:

Box code, if applicable
(e.g. 3294B)

Do you want re-delivery or a credit?
How many cases?