Girl Scouts of Eastern South Carolina

Cookie Complaint or Problem Procedure

Given the scope of the cookie sale, councils are bound to receive a few complaints every year that cookies do not taste right or were crushed when the package was opened. Sometimes, too, customers mistake crystallized sugar for glass, oat hulls and nutshells for wood, or package glue for a foreign substance. GSUSA has set up procedures to be used by all councils where a foreign substance in a cookie is reported. Please follow these steps if you receive a complaint of possible cookie tampering:

1. Please fill out the form below completely and return to the Florence Girl Scout Service Center.
2. Request that the complainant retain the cookie(s) and packaging in question for collection by a designated council staff member or representative.
3. Immediately contact one of the following council representatives:
   Anne Carpenter – Director of Resource Development 843.669.5174, X124
   or 843.610.9669
   Amyie Purpura – Chief Financial Officer 843.669.5174, X112
   Chief Executive Officer – Loretta Graham 843.552.9910, X232

DO NOT comment on the incident to any unauthorized individuals. Should the media contact you, make NO statement. Refer them immediately to the Florence Girl Scout Service Center and explain that they will be put in touch with a person able to provide them with information.

It is important for you to understand that only authorized council personnel should contact and talk with the media, law enforcement or health officials. Your help, cooperation, and strict guidance of these procedures will facilitate prompt response to all complaints and allow us to contain any incidents.

COOKIE COMPLAINT REPORT FORM
Girl Scouts of Eastern South Carolina

Today's date: _____/_____/_____ Time: _____ am / pm

Name of complainant: _____ (circle one) Adult Child

Name of Parent/Guardian (if child is involved): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Best time to reach: _____ am / pm

Business Phone: (_____) _____ - _____ Best time to reach: _____ am / pm

Nature of complaint: _____
_____
_____

Date of incident: _____/_____/_____ Cookie type: _____ Box code #: _____

Home delivery: yes _____; no _____ Booth sale: yes _____; no _____
Troop #/booth location: _____

Cookie/packaging is: _____with complainant: _____discarded: _____other:_____

Complainant has also informed (list departments, agencies, or individuals aware of complaint): _____
_____
_____

Signature: _____ Position: _____