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| **Origination Date** | | **Originator** | | | | **Customer Number #** | | | |
|  | |  | | | |  | | | |
| **Customer Information** | | | | | | | | | |
| **Name** | | | **Company (if applicable)** | | | | | |
| **Address** | | | | | | | | |
| **City** | | | **State** | **Zip** | | | | |
| **Phone #** | | | **Alt Phone #** | | | | | |
|  | | | | | | | | | |
| **Product Description** | | | | | | | | | |
| **PRODUCT CODE** | PRODUCT NAME | | | | **SIZE/COUNT** | | **LOT #** | **QTY** | |
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| Complaint **(Describe complaint in space below.)** | | | | | | | | | |
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| Additional Information |
| Health-related event: Yes No  Please e-mail this completed form to [info@sabaforlife.com](mailto:info@sabaforlife.com) or fax at 888-267-6329 |