



US Consumer Product Safety Commission

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Consumer Product Incident Report

NOTE: If you have a drywall complaint, please use our special [drywall report form and questionnaire](#) - thank you.

By filling out the form below and then submitting it, you can report any injury or death involving consumer products to us, or report an unsafe product to us. We may contact you by mail, phone or Internet email for further details. In addition, you will be contacted to confirm the information you sent. Please provide as much information as possible. Your name, address, and telephone number are optional, but we can't contact you without that information. You can also report an incident or unsafe product by calling toll-free at 1-800-638-2772 or by sending an e-mail to info@cpsc.gov

Please be advised that you may be contacted by one of CPSC's field Investigators if we wish to obtain additional information about your report. It is possible that CPSC might want to obtain the product involved in the incident for further evaluation so please try to retain the product for at least 30 days after you file this report.

AGAIN, CPSC does not have jurisdiction over automobiles, trucks and motorcycles, car seats protecting children in on-road vehicles, foods, medicines, cosmetics, and medical devices, or dissatisfaction with business practices (links to the proper agencies can be found on the ["Report Unsafe Products"](#) page).

When filling out the form, use the TAB key or your mouse to go to the next data area. Use the scroll bar to scroll down the form.

Your name:	The term 'Victim' covers any individual killed, injured or exposed to a possible product-related hazard and does not imply that the product caused an incident.
Your address:	Name of victim:
City:	Victim's address:
State: Please Select	Victim's city:
Zip code:	Victim's state: Please Select
Your email address:	Victim's zip code:
Your telephone:	Victim's telephone:
Date of Incident:	Victim's age: (at time of incident)
	Victim's sex: ☐ Female ☐ Male

Please describe the incident or hazard, including description of injuries:

Describe product involved:	
Product Brand Name/Manufacturer:	
Manufacturer street address:	
Place where manufactured (city and state or country):	

Product model, serial #, manufacture date/date code if available:

Was the product damaged, repaired or modified? ☐ Yes ☐ No

If yes, before or after the incident? ☐ Before ☐ After

Please describe damage / repair / modification:

When was the product purchased?

Do you still have the product? ☐ Yes ☐ No If yes, please try to retain the product for at least 30 days after you file this report

Have you contacted the manufacturer? ☐ Yes ☐ No If not, do you plan to contact them? ☐ Yes ☐ No

May we use your name
with this report?

- ☐ I request that you do not release my name
- ☐ You may release my name to the manufacturer but I request that you do not release it to the general public
- ☐ You may release my name to the manufacturer and to the public

This information is collected by authority of 15 U.S.C. 2054 and will be entered into a database by a Consumer Product Safety Commission contractor. The information is not retrievable by name. The information may be shared with product manufacturers, distributors, or retailers. However, no names or other personal information will be disclosed without explicit permission.

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