

Consumer- File A Report

CPSC.gov SaferProducts.gov PoolSafety.gov Recalls.gov ATVsafety.gov [Log In](#)

SaferProducts.gov Report An Unsafe Product Business Register & Respond Search Recalls & Reports About Questions

File a Report

Please follow the steps below to begin your report to the [U.S. Consumer Product Safety Commission](#).

*** = Required**

▶ What information do I need to complete my Report?

*** 1) Select Who You Are**

Please Select

▶ Why do you need this?

▶ How will you use my Report?

▶ Will my information remain confidential?

*** 2) Enter the Type of Product**





--O--

Select a Product Category

Please Select

▶ What if my product is not in this list?

3) Select How You Would Like to Report

 Online Begin Now	OR	 Phone
		 E-mail
		 Postal Mail

▶ How long will it take to fill out this form?

PHONE: 800-638-2772 | TTY: 801-595-7054 | [CONTACT US ONLINE](#) | [TERMS OF USE](#) | [PRIVACY](#) | [NO FEAR](#) | [OPEN GOVERNMENT](#)

CPSC does not guarantee the accuracy, completeness, or adequacy of the contents of the Publicly Available Consumer Product Safety Information Database on SaferProducts.gov, particularly with respect to information submitted by people outside of CPSC.

Consumer- Incident Description (Tell Us What Happened)

Report an Unsafe Product Questions? Call (800) 638-2772 OMB Control Number 2041-0146

What Happened > People & Injuries > Product > Contact > Review > Consent & Submit ? How will you use my Report?

Tell Us What Happened

Please provide us with as many details as you can about your incident or safety concern. More details help CPSC understand what happened.
*** = Required**

* Incident Description: Important: Include details such as how the product was being used, what happened to prompt your report and any injuries that were sustained. Do not provide personally identifiable information in this box. ?

* Incident Date: Estimated ?

Incident Location:

Address Line 1:

Address Line 2: ?

City:

Country:

State / Province:

Zip/Postal Code:

This is my home address

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Consumer- People & Injuries

Report an Unsafe Product Questions? Call (800) 638-2772 OMB Control Number 3041-0146

What Happened > **People & Injuries** > Product > Contact > Review > Consent & Submit How will you use my Report?

People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved 1 ?

Victim 1 (Most Severely Injured) + Add Another Victim

Injury Information Select One

My Relationship to this victim Select Relationship

Victim's Gender Female Male

Victim's Age at the time of the incident: Years Months For children under age 3, please specify years and months

Victim is of Hispanic/Latino origin Yes No

Victim's Race Select Race Specify Other Race:

Victim's First Name

Victim's Last Name

Victim's E-mail

Victim's Phone

Address specified previously

Victim's Address

Address Line 1:

Address Line 2: ?

City:

Country: Select Country

State / Province:

Zip/Postal Code:

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Consumer- Product Details (Tell Us About the Product)

Report an Unsafe Product Questions? Call (800) 628-2772 CRS Control Number 2041-0146

What Happened **People & Injuries** **Product** Contact Review Consent & Submit How will you use my Report?

Tell Us About the Product

Please provide any details that you know about the product. * = Required

Product Category

Product Type

Product Description ?

Product Brand / Model

Brand Name

Manufacturer / Importer / Private Labeler Name ?

If you do not know the name of the manufacturer or private labeler, please type "I don't know".

I know the address, telephone, or website for this business.

Model Name or Number

Serial Number

UPC Code

Date Manufactured

Manufacturer Date Code

Add Photos / Documents

Select the Add Files button to find pictures or documents on your computer of the product, its packaging, bar code, or other identifying information.

Size limit is 100 megabytes. You can upload up to 25 files.

Important Questions About the Product

I still have the product.
 Yes No N/A

The product was damaged before the incident.
 Yes No N/A

The product was modified before the incident.
 Yes No N/A

Have you contacted the manufacturer?
 Yes No N/A

If you answered 'Yes' to any of the questions above, please explain.

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Consumer- Contact Information

Report an Unsafe Product Questions? Call (800) 638-2772 OMB Control Number 3041-0146

What Happened > People & Injuries > Product > **Contact** > Review > Consent & Submit ? How will you use my Report?

Contact Information

Please provide your contact information below. Your name and contact information will never appear in the public database. * = Required

I would like to submit this report anonymously

Your Name

I am 18 years of age or older

* First Name

* Last Name

Parent/Guardian's Name

* First Name * Last Name

Parent/Guardian's Contact Info

Address specified previously

* Address Line 1:

Address Line 2: ?

* City:

* Country:

* State / Province:

* Zip/Postal Code:

E-mail ?

Phone

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Consumer- Consent & Submit

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What Happened > People & Injuries > Product > Contact > Review > **Consent & Submit** > How will you use my Report?

Consent & Submit

Please let us know how you would like us to handle your report.

May we include your Report, without your name and contact information, in CPSC's Database on SaferProducts.gov?

Yes, you may include my report in the Public Database.
 No, do not include my Report on SaferProducts.gov.

May we release your name and contact information to the product manufacturer / importer / private labeler?
With your permission, your contact information may be given to the manufacturer or private labeler that you identify in your Report. A manufacturer or private labeler may only contact you to verify the information in the Report. This may help the manufacturer or private labeler to address the safety concern you have identified.

Yes, you may release my name and contact information to the product manufacturer / importer / private labeler.
 No, do not release my name and contact information to the product manufacturer / importer / private labeler.

I certify that I have reviewed the Report and the information provided in it is true and accurate to the best of my knowledge, information, and belief.

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Child Care Provider, etc (everyone but Consumer)- Contact Info

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Contact Information

Please provide your contact information below. Your name and contact information will never appear in the public database. * = Required

▼ Your Contact Information

* First Name

* Last Name

* Organization/Agency

* Address Line 1:

Address Line 2: ?

* City:

* Country: ▼

* State / Province:

* Zip/Postal Code:

E-mail ?

Phone Number

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Public Safety Entity/ Government- Case Details

Report an Unsafe Product Questions? Call (800) 638-2772 OME Control Number 1041-0146

What Happened > People & Injuries > Product > **Case Details** > Contact > Review > Consent & Submit

[How will you use my Report?](#)

Case Details

Please provide details regarding the case.

▼ Case Information

Case Number

▼ Case Documents / Photos

Select the Attach Files button to find pictures or documents on your computer of the product, its packaging, bar code, or other identifying information.

Size limit is 100 megabytes. You can upload up to 25 files.

[Add Files](#)

▼ Case Investigators

Please provide details regarding the principle investigator(s) of the case you are reporting.

Investigators

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MECAP- People and Injuries

Report an Unsafe Product Questions? Call (800) 638-2772 OMB Control Number 3041-0146

What Happened > **People & Injuries** > Product > Case Details > Contact > Review > Consent & Submit ? How will you use my Report?

People Involved & Their Injuries

Tell us about the people involved in the incident. You may include both people who were injured and people who were not injured. * = Required

Victims Involved 1

Victim 1 (Most Severely Injured)

Victim's **Gender** Female Male

Victim's **Age** at the time of the incident: Years Months For children under age 3, please specify years and months

Victim is of **Hispanic/Latino** origin Yes No

Victim's **Race** Specify Other Race:

* **Date of Death** This date is an estimate

Victim's **First Name**

Victim's **Last Name**

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MECAP- Case Details

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▼ Case Information

Case Number

▼ Case Documents / Photos

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Size limit is 100 megabytes. You can upload up to 25 files.

[Add Files](#)

▼ Medical Examiner / Coroner

Please provide details regarding the Medical Examiner / Coroner for the case you are reporting.

First Name

Last Name

I know the contact information for the Medical Examiner/Coroner

▼ Case Investigators

Please provide details regarding the principle investigator(s) of the case you are reporting.

Investigators

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