Return assessment form

FORM TEMPLATE

Name _____ Role _____ Date _____

* Required

Order number *

Item or SKU *

Reason the customer gave *

Condition *

○ New, unopened ○ Opened, as new ○ Used ○ Damaged ○ Faulty

Outcome *

○ Refund ○ Exchange ○ Repair ○ Reject

Can it be restocked? *

☐ Yes ☐ No

Photos

Attach: Photos (JPEG or PNG)

Notes

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____