

File a Report



US Consumer Product Safety Commission
 4330 East West Highway
 Bethesda, MD 20814
 Attention: Safety Complaint
 Phone: 1-800-638-2772
 E-mail: info@cpsc.gov
www.saferproducts.gov

This form provides a way for you to collect the information you will need to submit when you are ready to submit this form online. We encourage you to use the online form to formally submit a report. However, if you can't fill in the online form, you may choose to print this form and mail a signed copy to the address on the right. Do not send in the form **and** fill it out online, only submit it once.

If you are unsure about how to fill in a multiple-selection field in this form skip it. Please make sure that you provide full detail in the description of the hazardous incident or safety concern.

* Indicates required field

* I am a / I am affiliated with:

- Consumer
- Local Government Agency
- State Government Agency
- Federal Government Agency
- Public Safety Entity
- Health Care Professional
- Medical Examiner and Coroner
- Child Service Provider

Tell Us What Happened

* I am reporting:

- A hazardous incident: An actual incident or injury involving an unsafe consumer product.
- A safety concern: The potential for an unsafe consumer product to cause an incident or injury.

* Please describe the hazardous incident or safety concern:

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.

Disclaimer: The Commission does not guarantee the accuracy, completeness or adequacy of the contents of the Consumer Product Safety Information Database, particularly with respect to the accuracy, completeness or adequacy of information submitted by persons outside of the CPSC.

Tell Us What Happened (continued)

*Incident Date:
(mm/dd/yyyy)

Is this an Estimated Date? Yes No

Location:

- Home / Apartment / Condominium
- Mobile / Manufactured Home
- Place of Recreation or Sports
- Street or Highway
- School
- Industrial
- Farm / Ranch
- Other Public Property /Office
- Unknown

Incident Address:

Apt / Office / Suite:

City:

State:

Postal Code:

Country:

This is my home address

People Involved and Their Injuries

This section only applies if you are reporting a hazardous incident, not a safety concern.

For each victim involved you will need to provide the following information. We have provided space for one victim, when you fill in the online report you can enter the information for many victims.

Number of Victims Involved 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.

*Injury Information (select one):

- Incident, No Injury
- Injury, No First Aid or Medical Attention Received
- Injury, First Aid Received
- Injury, Medical Attention Received
- Injury, Emergency Department Treatment Received
- Injury, Hospital Admission
- Death

Location of Injury (if applicable):

- | | | |
|--|---|--|
| <input type="checkbox"/> 25 - 50 % of body | <input type="checkbox"/> Foot | <input type="checkbox"/> Neck |
| <input type="checkbox"/> All parts of body (more than 50% of body) | <input type="checkbox"/> Hand | <input type="checkbox"/> Pubic Region |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Head | <input type="checkbox"/> Shoulder (including clavicle, collarbone) |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Internal (use with Aspiration and Ingestion) | <input type="checkbox"/> Toe |
| <input type="checkbox"/> Ear | <input type="checkbox"/> Knee | <input type="checkbox"/> Torso |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Leg | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Eyeball | <input type="checkbox"/> Mouth | <input type="checkbox"/> Not Recorded |
| <input type="checkbox"/> Face (including eyelid, eye area, and nose) | | |
| <input type="checkbox"/> Finger | | |

Type of Injury (select up to two):

- | | | |
|--|---|--|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Object Swallowed |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Drowning | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Break, Fracture | <input type="checkbox"/> Electric Shock | <input type="checkbox"/> Puncture |
| <input type="checkbox"/> Bruising, Scratches | <input type="checkbox"/> Foreign Object Stuck In or On the Body | |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Internal Organ Injury | <input type="checkbox"/> Severe Bruising |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Lack of Oxygen | <input type="checkbox"/> Skin Tear, Skin Flap, Nail Detachment |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Nerve Damage | <input type="checkbox"/> Strain, Sprain |
| <input type="checkbox"/> Dental Injury | <input type="checkbox"/> Object Inhaled | <input type="checkbox"/> Other/Not Stated |
| <input type="checkbox"/> Dermatitis, Conjunctivitis, Skin or Eye Irritation/Rash | | |

Your relationship to this victim:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> My child | <input type="checkbox"/> My friend /neighbor / co-worker |
| <input type="checkbox"/> My parent | <input type="checkbox"/> My client, patient, student etc. (professional relationship) |
| <input type="checkbox"/> My spouse | <input type="checkbox"/> No relationship |

Victim's Gender: Male Female

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

Victim is of Hispanic/Latino origin Yes No

Victim's Race: White Other
 Black/African American
 Asian Specify Other Race:
 American Indian/Alaska Native
 Native Hawaiian/Pacific Islander
 Unknown

Victim's First Name: E-mail:

Victim's Last Name: Phone:

- The victim's address is the same as the incident address.
 Use the address below.

Victim's Address: Apt / Office / Suite:

City: State: Postal Code:

Country:

Tell Us About the Product

In order to investigate your report, CPSC needs to know about the product. Product identification found on labels or manuals is especially important. We ask that you fill in as much information as you can about the product.

*Product Category (select one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Clothing & Accessories | <input type="checkbox"/> Hobby | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Containers & Packaging | <input type="checkbox"/> Home Maintenance & Structures | <input type="checkbox"/> Toys, Kids, & Baby |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Yard & Garden |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Personal Care | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Fuel, Lighters & Fireworks | <input type="checkbox"/> Products at Public Facilities | |
| <input type="checkbox"/> Furniture, Furnishings & Decorations | | |

*Product Description:

Important: Please write a description of the product, including the product name and any other information that will help us identify the product and purpose for which it is used.

Brand Name:

Model Name or Number:

Serial Number:

Manufacturer/Private Labeler Name:

Date Manufactured (mm/dd/yyyy):

Manufactured Date Code:

Manufacturer or Private Labeler
Address: (if known)

Purchased From (Store
Name or Internet site):

Retailer Location (State):

Purchase Date:
(mm/dd/yyyy)

Is this an Estimated Date? Yes No

More Important Questions About the Product

I still have the product.

Yes No N/A

(Please try to keep the product for at least 30 days after submitting the report for CPSC's use.)

The product was damaged before the incident.

Yes No N/A

The product was repaired 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 not, do you plan to contact them?

Yes No N/A

NOTE: The online form contains a section where you may upload pictures or similar documentation from your computer. You are encouraged to submit pictures of the product, its packaging, bar code or other identifying information.

Your Contact Information

Please provide your contact information below. Your name and contact information will never appear in the Public Database.

* First Name: * Last Name:

You must be 18 years old to submit a report. If you are not 18, please skip down the form and provide the contact information for your parent or guardian. CPSC will contact this person to verify this report.

- I am 18 years of age or older.
- My contact address is the same as the incident address.
- Use the address below.

* Address: Apt / Office / Suite:

* City: * State: * Postal Code:

* Country:

E-mail: Phone:

Please provide a parent or guardian's information below only if you are younger than 18 years old.

First Name: Last Name:

Phone: E-mail:

Address: Apt / Office / Suite:

City: State: Postal Code:

Country:

Consent & Submit

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

* May we include your report including any documents or photographs that you have attached to your report, but **without your name and contact information**, in CPSC's Public Database?

- Yes, you may include my report in the Public Database.
- No, do not include my report in the Public Database.

* May we release your name and contact information to the product manufacturer or private labeler?

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

* By signing this form I certify that the information provided in this report is true and accurate to the best of my knowledge, information, and belief.

Signature

Date