
DO NOT WANT

GIFT COMPLAINT FORM

YOUR NAME

DESCRIPTION OF BAD GIFT

REASON FOR COMPLAINT

(CHECK ALL THAT APPLY)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> NOT MY SIZE | <input type="checkbox"/> SMELLS FUNNY | <input type="checkbox"/> I'M TOO OLD FOR THIS |
| <input type="checkbox"/> UGLY COLOR | <input type="checkbox"/> NOT COOL OR FUN | <input type="checkbox"/> TOTALLY NOT FAIR
SOMEONE ELSE GOT MORE |

PLEASE EXCHANGE MY GIFT FOR*

SIGNATURE

DATE

* SUBSTITUTIONS MAY TAKE UP TO ONE YEAR TO PROCESS

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