



Please Print or Type

Complaining Company Name			Non-Compliant Company Name		
Authorized Company Contact Name			Contact Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Email Address			Email Address		
Phone	Fax		Phone	Fax	
Type of Product Not In Compliance <input type="radio"/> Pillow <input type="radio"/> Comforter <input type="radio"/> Other _____			Non-Compliant Product Purchased (must include copy of purchase receipt including date of purchase):  Date _____ Retailer _____ Location _____ _____		
Describe Violation: _____ _____ _____					
IDFB Certified Lab Non-Compliant Product Submitted To:  Name of Lab _____ Contact Name _____ Address _____ _____			I hereby certify that the above information is true and accurate.  _____ Print name and title of authorized company officer  _____ Signature of authorized company officer      Date		

Submit this form along with original test reports and receipts for purchase to: ADFC Labeling Compliance Program, 355 Lexington Avenue, 17th Floor, New York, NY 10017.