



# CCIA Tag Quality Control

1. Please print and complete the following form for each tag related complaint.
2. **Wherever possible, please collect and forward problem tags by mail to:**  
Canadian Cattle Identification Agency  
Suite 300, 5735 - 7 Street N.E., Calgary, AB T2E 8V3
3. All forms should be forwarded to the attention of Patt Evans at the above address.  
Forms can also be faxed to 403-275-1668.

*Note: Producers may be contacted by CCIA for investigative follow-ups.*

CCIA Tag Quality Control				
Producer Name:		Home Phone #:		
Cell Phone #:		Fax #:		
E-mail Address:				
Producer location (Nearest town, province):				
1	Date of complaint: (YYYY/MM/DD)			
2	Name and organization of person receiving complaint (if applicable):			
	Name:	Organization:		
3	CCIA account number #			
4	* <b>Type of producer operation</b>	Cow/Calf	Feedlot	Backgrounder
5	Where were your tags purchased?			
	Store name:	Dealer name:		
6	* <b>Tag manufacturer</b>	Allflex	Destron	Ketchum
				Y-TEX
				Zee Tag
7	* <b>Which tag applicator used?</b>			
	Type of applicator (if known):	Colour of applicator:		
8	Tag purchase date (if known): (YYYY/MM/DD)			
9	* <b>When were the cattle tagged?</b>	Calving	Branding	Weaning
	Date applied: (YYYY/MM/DD)			
10	When was the tag related problem identified?			
	In pasture/feedlot			
	After shipping			
	Is the animal's ear torn (tag ripped out)?	Yes	No	
	If the ear is not ripped is there just a hole?	Yes	No	
11	* <b>Which CCIA tag numbers were affected by the issue?</b>			



## CCIA Staff Observations (Internal Use Only)


## Investigative Outcomes (Internal Use Only)

Item	Description & Notes	Follow-up	Investigative Outcomes Action Required Date?
		Yes    No	
		Yes    No	
		Yes    No	

## Follow-up Conducted (Internal Use Only)

At site	Yes	No	
By phone	Yes	No	
Other	Yes	No	

*\* Note: Will provide key information for evaluation.*

Action approved by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Your information is kept strictly confidential.*