



# 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  
7646 - 8 Street N.E., Calgary, AB T2E 8X4
3. All forms should be forwarded to the attention of Francine Potter 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-Text 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.*