



Mailpiece Irregularity/Resolution

**Photocopy front and back of mailpiece,
attach to this form, and mail to:**

MGR BUSINESS MAIL ENTRY
UNITED STATES POSTAL SERVICE
[ADDRESS OF DISTRICT OFFICE]
[CITY STATE ZIP + 4]

Information About You

Name	Date
Supervisor's Name <i>(Necessary for possible follow-up)</i>	Phone Number ()
Office Where Irregularity Found	

Information About Mailpiece

Mailer's Name	
Contact (If known)	Phone Number ()
Type of Mail	<input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Folded Self-mailer <input type="checkbox"/> Window Envelope <input type="checkbox"/> Other <i>(Specify):</i>
Paper Color	<input type="checkbox"/> White <input type="checkbox"/> Other <i>(Describe):</i>
Barcode Ink Color	<input type="checkbox"/> Black <input type="checkbox"/> Other <i>(Describe):</i>
Destination Address Ink Color	<input type="checkbox"/> Black <input type="checkbox"/> Other <i>(Describe):</i>
Return Address Ink Color	<input type="checkbox"/> Black <input type="checkbox"/> Other <i>(Describe):</i>
Estimated Volume	<input type="checkbox"/> < 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-200 <input type="checkbox"/> 201-300 <input type="checkbox"/> Other <i>(Specify):</i>
Frequency of Problem	<input type="checkbox"/> Daily <input type="checkbox"/> Twice Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <i>(Specify):</i>
Description of Problem	

Action Taken by Mailpiece Design Analyst/Designee