

Form

CUSTOMER COMPLAINT

COMPLAINT NUMBER:

SALES (TO BE FILLED IN BY A SALES REPRESENTATIVE)		Name of sales representative:
Customer		Customer number
Order number	Date of delivery	Number of items
Article number	ID number (ABAS)	Description
Reason of complaint		
Date	Signature	

ASSESSMENT OF QM REPRESENTATIVE	Date of receipt:
Type of defect	
Immediate measure taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for defect	<input type="checkbox"/> Semi-finished products <input type="checkbox"/> Production <input type="checkbox"/> Galvanising plant <input type="checkbox"/> Assembly <input type="checkbox"/> Dispatch/Transport <input type="checkbox"/> Supplier
Cause	
Measure required	
DECISION	
Complaint justified	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Statement of reasons
Date	Signature