

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 ☐ Yes

☐ No

Responsible for defect

☐ Semi-finished products

☐ Production

☐ Galvanising plant

☐ Assembly

☐ Dispatch/Transport

☐ Supplier

Cause

Measure required

DECISION

Complaint justified

☐ Yes

☐ No

Statement of reasons

Date

Signature