

QUALITY FORM COMPLAINT FORM
--

DATE OF FORM COMPLETION:

NAME AND ADDRESS OF CLAIMANT:

SUBJECT OF THE COMPLAINT	
PRODUCT NAME:	
CAN YOU PROVIDE THE PHOTOGRAPHS OF THE PRODUCT LABELS?	YES NO <small>(delete as appropriate, if you selected "NO", please provide a brief explanation)</small>
QUANTITY OF PRODUCT BEING COMPALINED:	
INVOICE/DELIVERY NOTE NUMBER:	
DELIVERY ADDRESS:	
STORAGE OR INSTALLATION LOCATION:	

PROBLEM DESCRIPTION	
DETAILED DESCRIPTION OF THE PROBLEM:	
CAN YOU PROVIDE THE PHOTOGRAPHS SHOWING THE PROBLEM?	YES NO <small>(delete as appropriate, if you selected "NO", please provide a brief explanation)</small>

CLAIMANT'S EXPECTATIONS