Version: 7.0
Last update 22.11.07

# Customer Complaints Form

| | | | |
|---|---|---|---|
| **Company *** | | **Your Customer N°** | |
| **Address *** | | | |
| **City, State, Postal Code *** | | | |
| **Contact Name *** | | **Title** | |
| **Contact Phone *** | | | |
| **Contact E-mail *** | | | |

| **Complaints Category** | |
|---|---|
| Deliveries and Services | |
| Date of Claims * | xx.xx.xxxx |

*** Mandatory Mention**

*The information you provide may be used in efforts to resolve the problem, to communicate with you, and/or to enforce applicable laws.*
*The information may be shared with the party complained against, law enforcement agencies and consumer assistance agencies.*
*You are not legally required to provide this information, but failure to do so may hinder efforts to resolve your problem.*

| ***Shipment Reference*** | Your Purchase Order | Our Sales Order N° | |
|---|---|---|---|
| Our Delivery N° | | Date of Delivery/Services * | |

Description of Claims*

| | | | | |
|---|---|---|---|---|
| Is it your First complaints about this subject ? | Yes | | If NO, please confirm date of the last: | |
| | No | | | |
| Area of Complaint ? | On Times delivery | | Reference | |
| Select at Right. If other, please write below: | Carrier related | | Qty Pcs delivered | |
| | Damages | | Logistics related (document…) | |
| | Packaging | | | |
| | Delivery Performance | | | |

| ***For Internal Use only*** | Complaint N° | Resp. Assigned |
|---|---|---|

Corrective and Preventive Actions: