

# CUSTOMER COMPLAINT REPORT

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Company Name		SalesComplaint No.
Address		Sales Office
		Originator
		Date
Contact and Ref No Phone/ Fax		Fax No
Device	Qty to return	<b>VALUE (by CCM)</b> US\$
Datecode	Lot No./ Serial No.	
Delivery Note	Inv No.	
Type of Complaint	Shortage <input type="checkbox"/>	Documentation <input type="checkbox"/>
	Overship <input type="checkbox"/>	Electrical <input type="checkbox"/>
	Delivery <input type="checkbox"/>	Mechanical <input type="checkbox"/>
	Wrong Type <input type="checkbox"/>	Other <input type="checkbox"/>
Complaint		
Report		
Action		
Justified	Signed (with Date)	Internal Complaint No.
<b>Authorization: (sign with date)</b>		RMA No.
1.	2.	

to fill: Customer or Sales

to fill: responsible expert

CCM