

QUALITY FORM COMPLAINT FORM

IDENTIFICATION NO.	RECEIPT DATE			
CLAIMANT'S DETAILS	COMPLAINT SUBJECT			
Name and address of the company:	Name of product: Place and date of delivery:			
Contact person:	External release document:			
phone No.	document name, number, date			
Name and address of the distributor:	Number and date of invoice:			
COMPLAINT	COMPLAINT DESCRIPTION			
A description	of the problem:			
Quantity of claime	d product:			
Copy of original label of the claimed product attached:				
Photographic documentation attached:				
Adress of storage or application place of claime	ed product			
EVDEGE: TOOLS				
EXPECTATIONS				
PETRALANA	RECIPIENT			
Name and surname, date, stamp and signature	Name and surname, date, stamp and signature of the claimant			



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CLAIM STATUS				
ACTIONS	PLANNED DATE	RESPONSIBLE PERSON	DATE OF OPERATION	
	/		/	
	/		/	
	/		/	
	/		/	
	/		/	
DESCRIPTION				
DECISION				
	//			
	dd mm yyy	y Stamp a	nnd signature	