

Company address:

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Created By/Phone/Fax/E-mail:

Complaint report Nr.

Specification	
Product number	Quantity
Batch number	Invoice number
Delivery list number	Purchase order number
Defect description	
Demands to supplier	
Demand: replacement / credit note* In case accepted claim, we request corrective action YES / NO* In case declined claim, we request returned goods YES / NO*	
In	Date

*(Not suitable cancel)