

## Customer Complaint Form

Document-No	DI-QM-02	Please complete the blue sections	
Revision-No	0		
Customer name		Date of complaint:	
Customer number			
Contact person			
Position		Complaint number:	
Phone number	+	[will be provided by ARCORA]	
E-Mail			

## 1 Product information

Article No	Name / Product description	Size/ Package	Quantity
Delivery No:		Delivery date:	



**2 Description of the complaint (Please add the following: documents/ pictures/ samples of claimed goods)**

▪ What is the complaint about:

•

•

•

•

▪ Did issue arise first time?

YES      NO

▪ How many of the same products from the same delivery do you have on stock?

▪ Any additional information?