6200 Cochran Rd. Solon, OH 44139 P: 440.349.5400/ F: 440.349.5432/ E: info@wraptite.com /W: [www.wraptite.com](http://www.wraptite.com/)

**COMPLAINT NUMBER** (To Be Assigned by QC Manager):

(YYYY-MM-XXX)

|  |
| --- |
| **CUSTOMER DETAILS** |
| *Customer Name:* |  |
| *Customer Address:* |  |
| *Customer Complaint Contact Name****:*** |  |
| *Date of Complaint:* |  |
| *PO #* |  |
| *Invoice #* |  |
| *Invoice Date:* |  |
| *P21 Order #* |  |
| **WRAP TITE SALES DETAILS** |
| *Product Quality Issue? Y/N:* |  |
| *Other Issue (Please Describe):* |  |
| ***Cause of Complaint?* OE - Order Entry, CE - Customer Error, SE - Shipping Error, TI - Transit Issue, ED - Ext Defect, CD - Converting Defect, SD - Supplier Defect. O= Other (If O is chosen a brief explanation is required)** |  |
| *Description of the problem:* |  |
| *Submitted By and Date:* |  |
| *Item ID and LOT NUMBER:* |  |
| *Product Available for Return? (Y/N)* |  |
| ***Total******Quantity******to be Returned****:* |  |
| *Customer/End User Name at Pick Up Address:* |  |
| *Pick Up Address:* |  |
| *Re-Stocking Fee (If Applicable):* |  |
| **QUALITY & MANUFACTURING** |
| *Samples Received? If Not, Was Other Evidence Received:* |
| *RMA #* |  |
| *Ship to ID #* |  |
| *Lot Number(s) of Returned Item(s):* |  |
|  **LOGISTICS** |
| *Cost to bring product back:* |  |
| *Freight Company and Tracking #:* |  |
|  **APPROVALS** |
| ***Product Category Manager, Signature/Date*** |  |
| ***QC Manager, Signature/Date*** |  |
| ***Operations Manager, Signature/Date*** |  |

**Attach Any Photographic Evidence Below**