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

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

(YYYY-MM-XXX)

2022-10-001

|  |  |
| --- | --- |
| **CUSTOMER DETAILS** | |
| *Customer Name:* |  |
| *Customer Address:* |  |
| *Customer Complaint Contact Name****:*** |  |
| *Date of Complaint:* |  |
| *PO #* |  |
| ***Invoice #*** |  |
| ***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 then a brief explanation is required)** |  |
| *Description of the problem:* |  |
| *Item Number:* |  |
| *Submitted by and date:* |  |
| ***P21 Order #*** |  |
| ***Required photos available? (Please paste below)*** |  |
| *Sample Available(Y/N)* |  |
| *Product Available for Return (Y/N)* |  |
| *If Yes, What Quantity and Where From:* |  |
| *Pick Up Address:* |  |
| *Re-Stocking Fee If Applicable:* |  |
| *Samples Received? If Not, Was Other Evidence Received?* |  |
| ***Application product is used for*** |  |
| **QUALITY & MANUFACTURING** | |
| *Date of Mfg.* |  |
| *Core Tag information if required?* |  |
| *RMA #* |  |
| *Ship to ID #* |  |
| ***CAR Created? If yes than what #*** |  |
| ***Logistics*** |  |
| ***Cost to bring product back?*** |  |
| ***One- time S&H Fee? (Y/N) How Much*** |  |
| ***APPROVALS*** |  |
| ***Sales Manager’s Signature/Date*** |  |
| ***QC Manager’s Signature/Date*** |  |
| ***Shipping Manager’s Signature/Date*** |  |
| ***Production/Purchasing Manager’s***  ***Signature/Date*** |  |

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**Please place photos here**