

6200 Cochran Rd. Solon, OH 44139 P: 440.349.5400 F: 440.349.5432 E: info@wraptite.com W: 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 #

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