

## **COMPLAINT NOTIFICATION FORM**

CLIE	NT:		DATE OF DELIVERY:			
PLACE OF DELIVERY:			ORDER NUMBER:			
COMPLAINT NO.:			DATE OF COMPLAINT:			
NUMBER OF ITEMS COMPLAINED ABOUT:			COMPLAINANT:			
No.	. NO. OF THE PRODUCT QUANTITY		DEFECT CODE   COMMENTS			
1.	NO. OF THE PRODUCT	QUANTITY	DEFECT	CODE	COMMENTS	
2.						
3.						
4.						
5.						
DELIVERED QUANTITY:			DATE OF RETURN OF THE GOODS:			
COD	E NAME OF DEFECT		CODE	NAME	E OF DEFECT	
101	stains, smudges		111	Chips	hips	
102	Handling cracks		112 113	Technology preparation		
103	Mechanical cracks			Wrong dimensions		
104	Production cracks Transport cracks	Transport cracks		Assembly (glass after assembly) Gluing defect		
105		Toughening defect		Painting defect		
107	Screen printing defect		116 117	Missing in the delivery		
108	Grinding defect		118	Error in the order		
109	Error in the weight		119	No defect		
110	Inclusions		120	Broken		
DATE :				ACCEPTED BY:		
COMMENTS TO THE LOAD:						