


FORM OF COMPLAINT

	LETTER OF COMPLAINT No. /			
COMPLAINT LODGER	Place		Date	
	Name, phone no.		Company name	
GRINDING TOOL	Type, dimensions		Designation, operational speed	
	Invoice No.	Delivery date	Lot No.	Number of pieces
TRANSPORTATION	Carrier		Way of transportation - Reg. plate No.	
DESCRIPTION OF THE PROBLEM	Appendixes, documents, if necessary please add an additional form, sketch, label			
WHERE THE PROBLEM OCCURRED	Name of the contact person, company name, address, phone no., date, time, shift			
CUSTOMER'S EXPECTATIONS				
OTHER REMARKS				
Name and signature of the person who lodged the complaint				