



Document
Survey of Complaints/ Returns/ Occurrences
DOC 01.05-002- REV01

Date*:

Returns

Client Complaint

Occurrence

Suggestions

Client Identification

Client Name* _____

Contact Person who made de complaint* _____

Phone number or email * _____
(Preferred contact route chosen by the costumer)

Description *

Necessary Information

Invoice or transport document number

Product Name*

Amount of material*

N.ºLot *
(If the photo of the pallet label is available its not necessary more information)

* Mandatory