

No: 

# COMPLAINT FORM

DATE: TYPE  QUALITY QUANTITY TRANSPORTLOCATION 

CONCERNS:

INVOICE, ORDER No: VOICE DATE: 

REASON FOR COMPLAINT:

CLAIMANT:

 PRODUCT NOT WORKING LACK PRODUCT WRONGLYNAME AND SURNAME OF PERSON ISSUING COMPLAINT  PRODUCT WORKING  
IMPROPERLY LARGER AMOUNT SET ON PALLET  
 PRODUCT WRONGLY  
PACKED INCOMPLETE PRODUCT PRODUCT RELEASED  
INCORRECTLYSTAMP OF THE COMPANY  OTHER .....PHONE No OBJECT OF COMPLAINT:  
DAMAGED

No	PRODUCT CODE	PRODUCT NAME	BATCH No	QUANTITY	DAMAGE DESCRIPTION	ACCEPTED YES/NO	EXCHANGE / REPAIR / CORRECTION / No OF CORRECTION / REPAIRED DETAILS

OBJECT OF COMPLAINT:  
INCORRECT

No	PRODUCT CODE	PRODUCT NAME	BATCH No	QUANTITY	DAMAGE DESCRIPTION	CUSTOMER DEMAN	PAWBOL DECISION

PRODUCT PHYSICALLY RETURNED:

 YES, CARRIER YES, REGIONAL MANAGER YES, DRIVER NOGENERAL REMARKS 

TO BE FILLED BY PAWBOL:

DATE OF RECEIVING THE COMPLAINT  ACCEPTED NOT ACCEPTED ACCEPTED PARTIALLYRECEIVER No OF CORRECTIVE ACTIONS CARD 

CONTACT WITH CUSTOMER

 E-MAIL PHONEPHONE No NAME AND SURNAME DATE LEGIBLE SIGNATURE OF PERSON HANDLING THE COMPLAINT LEGIBLE SIGNATURE OF PERSON PREPARING DOCUMENT DATE OF CLOSING THE COMPLAINT 

\* GREY AREAS SHALL BE COMPLETED BY PAWBOL EMPLOYEE