



COMPLAINT

COMPANY NAME :	FILING PERSON :
PLACE OF DELIVERY :	DATE OF DELIVERY :
DATE OF COMPLAINT :	NUMBER/GOODS DISPATCHED NOTE :
QUANTITY COVERED BY THE COMPLAINT :	CONTACT TELEPHONE NUMBER :

No.	PRODUCT NAME	SIZE [mm]	QUANTITY	DEFECT CODE	COMMENTS
1.					
2.					
3.					
4.					
5.					
6.					
7.					

DESCRIPTION :

Expectations – please select :

- a. Refund**
- b. Discount**
- c. Immediate production of a new template, without waiting for the complaint decision.**
(Production starts right away, regardless of how the claim is resolved.)
- d. Production of a new template after the complaint has been granted.**
(Production will begin once the claim has been accepted.)

CODE	DEFECT NAME	CODE	DEFECT NAME
101	Stains, runs	112	Technology preparation
102	Handling scratches	113	Wrong size
103	Mechanical scratches	114	Installation (pane after installation)
104	Production scratches	115	Defective bonding
105	Transport scratches	116	Paint defect
106	Tempering defect	117	Delivery shortage
107	Screen-printing defect	118	Order error
108	Grinding defect	119	No defects
109	Structure defect	120	Broken
110	Inclusions	121	Sandblasting defect
111	Chipping	-	-

If you are returning glass products, please enclose a return form to enable the complaint to be identified.