



Product Complaint Form

Submitted by: _____ Date: _____

Region: _____

Distributor/Location: Jen Rismoen

Distributor Contact: Jen Rismoen Telephone: 608.838.5354

Customer/Installation: _____

DESCRIPTION

Series _____ Color _____ Size _____ Shade/Caliber _____

Series _____ Color _____ Size _____ Shade/Caliber _____ Control # _____

Inspection Date _____ Samples Obtained? * _____ Date Sent In _____ Pictures Attached? * _____

Square Footage Involved _____ Invoice # _____ Invoice Date _____

Installation Address _____

Explanation of Complaint _____

Resolution Customer is Requesting _____

Settlement Recommendation by Rep _____

APPROVALS

ASR _____

VICE-PRESIDENT _____

COSTS	
Materials	_____
Labor	_____
Freight	_____
Misc. (Sales Tax)	_____
Total	\$0.00

FOR INTERNAL USE ONLY	
FACTORY TO CLAIM	_____
DATE SENT TO FACTORY	_____
AMOUNT CLAIMED WITH FACTORY	_____
DATE CLAIM PAID BY FACTORY	_____
AMOUNT PAID BY FACTORY	_____

* All claims turned in must either be sent with samples illustrating illustrating the customer's complaint or pictures of the same.

NO EXCEPTIONS!