

# Product Complaint Form

Submitted by: Jaeckle Distributors Date \_\_\_\_\_

Region: Madison, WI

Distributor/Location: Jaeckle Distributors, 4101 Owl Creek Dr., Madison, WI 53718

Distributor Contact: Sherry Taylor Telephone 800 236 7225 x5338

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!**