

CUSTOMER COMPLAINT FORM (CCF)

Distributor Name : _____ CCF No : _____
 Address : _____ Date : _____
 _____ Your Ref : _____
 Customer Name : _____

CREDIT NOTE / REPLACEMENT

Type of Complaint : *(Please attach supporting documents i.e. D.O, Invoice, photos, etc.)*

Manufacturing Defects <input type="checkbox"/> Breakages <input type="checkbox"/> Wrong Deliveries <input type="checkbox"/> Shortages <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Technical Reasons (End-User Services) <input type="checkbox"/> Invoicing (Pricing Error) <input type="checkbox"/> Goods Return / Exchange <input type="checkbox"/> Others <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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No.	D.O / Invoice No & Date	Model	Qty	Colour	Nature Of Complaint	Gloss Inspector	Casting Date

Raised By : _____ Company Stamp : _____
Name & Designation

JohnsonSuisse Office Use Only

Verified By : _____ Goods Received By : _____
Name & Designation Name & Designation
 Date : _____ Date : _____

Remarks _____

Approved By : _____ Action Taken 1 By : _____
Name & Designation Date
 Date : _____ Action Taken 2 By : _____
Date