



Customer Complaint Report

Distributor/Customer _____ Date _____

Address _____

Phone _____ Fax _____

E-mail _____ Contact Name _____

MAF Salesperson _____ Tool No. _____

Invoice No. _____ Packing Slip No. _____ Product Type Standard Special

Reason for Complaint

Check All That Apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Invoice Qty | <input type="checkbox"/> Invoice Price | <input type="checkbox"/> Incorrect Ship Qty |
| <input type="checkbox"/> Tool Marking | <input type="checkbox"/> Package Label | <input type="checkbox"/> Rec'd Damaged Goods |
| <input type="checkbox"/> Out of Specification | <input type="checkbox"/> Not to Print | <input type="checkbox"/> Delivery |
| <input type="checkbox"/> Out of Stock | <input type="checkbox"/> Incorrect Tools Shipped | <input type="checkbox"/> Wrong Address |
| <input type="checkbox"/> Order Entry Error | <input type="checkbox"/> Poor Tool Performance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reoccurrence/Unresolved Complaint | | |

Complaint Details or Additional Comments

Fax Back To Attn: Quality Dept. 800-892-9522/563-386-7660

MAF Internal Use		
RGA No. _____	Cust Service Rep _____	Date _____
Corrective Action Taken _____	Signature _____	Date _____