

**CUSTOMER COMPLAINT FORM
ACCEPTANCE OF DECLARATION**

1.The sequential number of declaration		2.Declaration date	
3.Customer		4.Customer Protocol No	
5.Reporting person	6.Tel:	7.E-mail:	
8.Name/description/OPTIMA Index			
9.Delivered quantity		10.Quantity affected	
11.Related documents	Customer order		
	RO order no		
	WZ issue no		
	Invoice no		
12.Content of warranty claim			
13.Received by		Signature:.....Date:.....	

COMPLAINT EVALUATION

14.Complaint supervisor			
15.Results of complaint examination:			
16.Is a complaint legitimate?	YES	NO	Signature:..... Date:..... Signature:..... Date:.....
17.Reason and place of complaint			
18.Person responsible		Signature:..... Date:.....	
19.New related documents			

Customer complaint form

Complaint process

IMMEDIATE ACTIONS

20.Arrangements, decisions, settlement of complaint:	Cost:	Date:	Signature:

21.Permit to issue credit note:	Signature:..... Date:.....
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ACTIONS INTRODUCED TO ELIMINATE THE REASON OF COMPLAINT