

**COMPLAINT ACCEPTANCE REPORT NO:**

**1. CUSTOMER DATA** (company name, address, VAT no):.....  
.....  
.....

**2. IDENTIFICATION OF THE DELIVERY CLAIMED** (INV no, delivery note):.....

**3. TYPE OF COMPLAINT** (select by putting X):

<input type="checkbox"/>	<b>QUANTITATIVE</b>	<input type="checkbox"/>	<b>MATERIAL</b>	<input type="checkbox"/>	<b>QUALITY</b>
--------------------------	---------------------	--------------------------	-----------------	--------------------------	----------------

**4. SUBJECT OF THE COMPLAINT:**

<b>Product name with delivery</b>	<b>Found nonconformity, short description</b>	<b>Quantity</b>	<b>Other remarks</b>

**5. DATE AND DATA OF THE APPLICANT:**

.....  
*(name, surname, phone number, e-mail address, date and signature of the applicant)*

.....  
[TO BE COMPLETED BY THE SUBMITTING PARTY]

**6. RECEIVING THE COMPLAINT:**

.....  
*(date and signature of the person accepting the complaint)*

.....  
[COMPLAINTS WILL BE RECEIVED BY THE COMPANY'S SALES DEPARTMENT]

**7. COMPLAINT VERIFICATION AND ITS RESULT:**

.....  
.....  
.....

<input type="checkbox"/>	<b>COMPLAINT ACCEPTED</b>	Corrective actions were taken according to procedure PS.05
<input type="checkbox"/>	<b>REJECTED COMPLAINT</b>	Possible undertaking of improvement actions

**8. PROPOSED METHOD OF FIXING COMPLAINTS:**

.....  
.....  
.....

.....  
*(date and signature of the Quality Department Manager)*

.....  
[THE COMPLAINT IS VERIFIED BY THE COMPANY'S QUALITY DEPARTMENT]

**9. REPLY TO CUSTOMER:**

.....  
.....  
.....

.....  
*(date and signature of the Sales Department Manager)*