



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

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

Complaint Details or Additional Comments

email: sales@maford.com

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