



## CUSTOMER CONCERN FORM – DAMAGES

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date Received: \_\_\_\_\_ (YY/MM/DD)

Date Damage is Noticed: \_\_\_\_\_ (YY/MM/DD)

Job PO: \_\_\_\_\_

Packaging Condition: \_\_\_\_\_ (Good or damaged)

**(please send pictures of damaged packaging and each part with identifier number)**

(1) Part #: \_\_\_\_\_ (Identifier located on individual part)

Part Description: \_\_\_\_\_ Qty: \_\_\_\_\_ Color \_\_\_\_\_ (Panel, Shelf, etc...)

Dimensions of damaged part: Depth \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

(2) Part #: \_\_\_\_\_ (Identifier located on individual part)

Part Description: \_\_\_\_\_ Qty: \_\_\_\_\_ Color \_\_\_\_\_ (Panel, Shelf, etc...)

Dimensions of damaged part: Depth \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

(3) Part #: \_\_\_\_\_ (Identifier located on individual part)

Part Description: \_\_\_\_\_ Qty: \_\_\_\_\_ Color \_\_\_\_\_ (Panel, Shelf, etc...)

Dimensions of damaged part: Depth \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

(4) Part #: \_\_\_\_\_ (Identifier located on individual part)

Part Description: \_\_\_\_\_ Qty: \_\_\_\_\_ Color \_\_\_\_\_ (Panel, Shelf, etc...)

Dimensions of damaged part: Depth \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

(5) Part #: \_\_\_\_\_ (Identifier located on individual part)

Part Description: \_\_\_\_\_ Qty: \_\_\_\_\_ Color \_\_\_\_\_ (Panel, Shelf, etc...)

Dimensions of damaged part: Depth \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_