



Customer Concern Form (CCF)

Company: _____

Name: _____

Address: _____

Phone number: _____

Email: _____

Damage

Date Received: _____

Date Damage is Noticed: _____

Job PO: _____

Packaging Condition: _____ (Good or damaged; please send pictures of damaged packaging)

Part #: _____ (Identifier located on individual part)

Part Description: _____ (Panel, Shelf, Toe Kick etc...)

Dimensions of damaged part: _____

Missing

Date Received: _____

Date Missing is Noticed: _____ (Must be submitted 2 weeks from receipt of goods)

Job PO: _____

Packaging Condition: _____ (Good or damaged; please send pictures of damaged packaging)

Part #: _____ (Identifier located on individual part)

Part Description: _____ (Panel, Shelf, Toe Kick etc...)

Dimensions of damaged part: _____