COMPLAINT FORM

(Please fill as many details as available)

|  |  |
| --- | --- |
| Date of complaint: | DD/MM/YYYY |
| Mode of complaint: | Email/ Phone/courier/post |
| Details of complainant |
| Name of complainant: | Provide full name with surname |
| Institution: |  |
| Dept: |  |
| Address: |  |
| Designation: |  |
| Contact number: |  |
| Email address: |  |
| Invoice and warranty details |
| Invoice number: | SI/ |
| Invoice date: | DD/MM/YYYY |
| Warranty effective to: | DD/MM/YYYY |
| Instrument details |
| Instrument brand: | Ecosep/ TechnoSource |
| Instrument Model name: | Locate model name on the instrument or on invoice |
| Instrument Model number: | Locate model number on the instrument or on invoice |
| Instrument Serial number: | Locate Serial number on the instrument |
| Details of complaint |
| Nature of complaint: | Delayed Delivery Problems with invoiceProblems with challanGoods received are damagedMissing items when compared to packing listGoods received are not functionalEquipment were functional but now not functioningInstallation required Demonstration required Other - Please give details |
| Details | Give as much detailed information as possible |