

Reference No.

## PRODUCT COMPLAINT

CUSTOMER NAME:		DATE FILED:	
ADDRESS:			
CONTACT PERSON:		POSITION:	DEPARTMENT:
TELEPHONE NO. / LOCALS:	FAX NO:	EMAIL ADDRESS:	

BRAND OF PRODUCT:	LOT NUMBER:
TYPE / KIND OF PRODUCT:	PRODUCT CODE:
NUMBER OF PIECES INVOLVED:	SIZE/S:
NATURE OF THE DEFECT: ( PLEASE DESCRIBE IN A CLEAR AND CONCISE MANNER )	

**DO NOT FILL UP THE PORTION BELOW ( FOR MEDASIA PERSONNEL USE ONLY )**

INITIAL RECOMMENDATION:
FINAL RECOMMENDATION: ( TO BE FILLED UP BY PRODUCT SPECIALIST )

SUBMITTED BY:	VERIFIED BY:	APPROVED BY:
PRINT NAME OVER SIGNATURE / DATE	PRODUCT SPECIALIST / DATE	MARKETING MANAGER / DATE