Quality Complaint Form

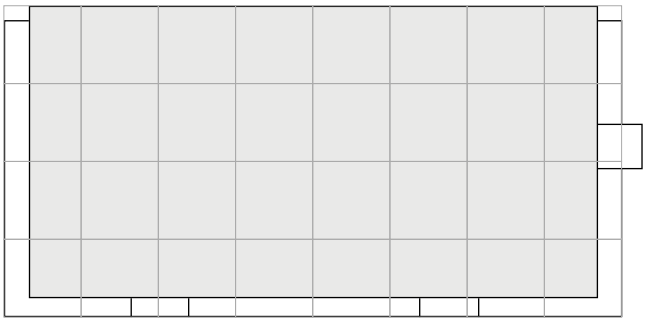
Customer:		E-mail:	
Contact name:		Phone no.:	

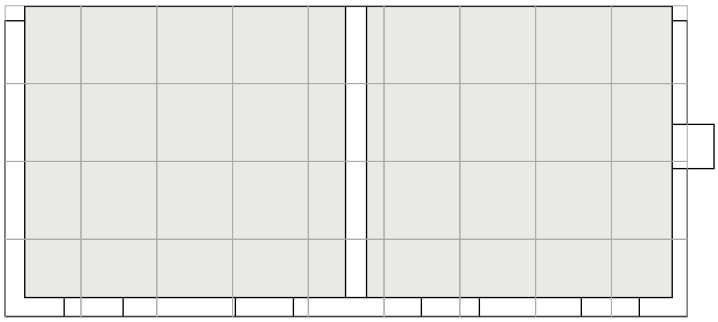
Order number/invoice number/delivery number:		Delivery data:	

Product name:		Thickness:			
Pack ID:		Production date:			
Size:		No. of sheets affected:		or sqm:	
Is all glass consumed?	YES ☐ / ☐ NO	No of sheets in quarantine?		or sqm:	
Are samples available?	YES ☐ / ☐ NO	Approx. sample size			
Further details: Where possible please provide add photographs.					

Defect Position:

Please indicate location of defect if possible on diagrams below by clicking to display an 'x'





Is a visit required?	YES ☐ / ☐ NO	Date submitted to SGIM:	

Claims, notifications please send e-mail: QualityClaim@saint-gobain.com

SGIM/01/07/2021