

Quality Complaint Form

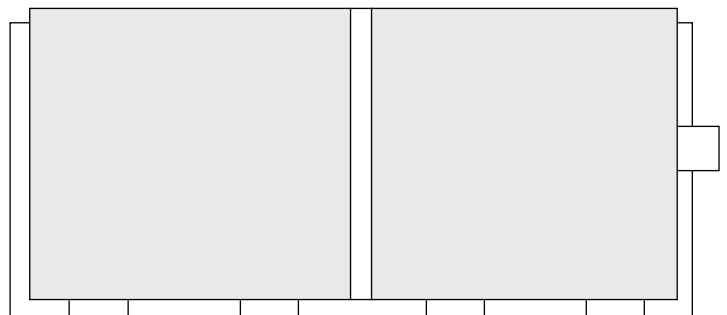
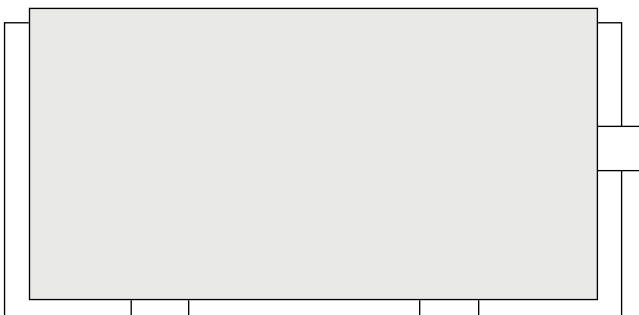
Customer:	E-mail:
Contact name:	Phone no.:

Order number/invoice number/delivery number:	Delivery data:
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Product name:	Thickness:			
Pack ID:	Production date:			
Size:	No. of sheets affected: or sqm:			
Is all glass consumed?	<table border="1" style="display: inline-table;"> <tr> <td>YES</td> <td>/</td> <td>NO</td> </tr> </table> No of sheets in quarantine? or sqm:	YES	/	NO
YES	/	NO		
Are samples available?	<table border="1" style="display: inline-table;"> <tr> <td>YES</td> <td>/</td> <td>NO</td> </tr> </table> Approx. sample size	YES	/	NO
YES	/	NO		
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?	<table border="1" style="display: inline-table;"> <tr> <td>YES</td> <td>/</td> <td>NO</td> </tr> </table> Date submitted to SGIM:	YES	/	NO
YES	/	NO		

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