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 invoice  Problems with challan  Goods received are damaged  Missing items when compared to packing list  Goods received are not functional  Equipment were functional but now not functioning  Installation required  Demonstration required  Other - Please give details |
| Details | Give as much detailed information as possible |