

	<h1>COMPLAINT FORM</h1>				
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**CUSTOMER DETAILS**

<i>CUSTOMER CATEGORY</i>	<input type="checkbox"/> <i>WHOLESALER</i> <input type="checkbox"/> <i>INSTALLER</i> <input type="checkbox"/> <i>END USER</i> <input type="checkbox"/> <i>CONSTRUCTION COMPANY</i> <input checked="" type="checkbox"/> <i>OTHER .....</i>
<i>COMPANY NAME</i>	
<i>ADDRESS</i>	
<i>CONTACT PERSON</i>	
<i>TELEPHONE NUMBER</i>	-

**PRODUCT DETAILS**

<i>MODEL</i>	
<i>PRODUCT CODE</i>	
<i>SERIAL NUMBER</i> <i>SERIAL NUMBER or PRODUCTION DATE</i>	
<i>PURCHASING DATE or ORDER</i>	
<i>INSTALLATION DATE and PLACE</i>	

**OPERATIONAL DETAILS**

<i>HAS THE UNIT WORKED CORRECTLY IN THE BEGINNING?</i>	<input type="checkbox"/> <i>NO</i> <input type="checkbox"/> <i>YES</i>
<i>FOR HOW LONG?</i>	
<i>DATE OF FAILURE</i>	

**MALFUNCTIONING DESCRIPTION**

<i>ATTACHMENTS</i>	<input type="checkbox"/> <i>NO</i> <input type="checkbox"/> <i>YES</i>
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<i>DATE</i>	
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