###### Complaint No.

|  |  |
| --- | --- |
| **Date:** ‏ | **Supplier name:** |
| **Product/ catalog no.:** | |
| **Country:** | |
| **Quantity:** | |
| **Order no.:** | |
| **Order Date:** | |
| **Customer Request:** | |
| **Complaint Description:** | |
| **This part will be filled out by the supplier and returned to Netafim QA within 7 days** | |
| **Failure Reason:** | |
| **Complaint Justified / Not Justified:** | |
| **Compensation**: | |
| **Corrective Action:** | |
| **Date:** | **Handler Name:** |

Sincerely,

Quality Assurance

Netafim