###### 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