PRODUCT COMPLAINT FORM

Use this form to report POOR QUALITY or POOR PERFORMANCE of General Stores Distribution products received.

*Required information.

*School / Office: __________________________ *Cost Center: __________________________

ESC (Local District): __________________________ **Tel.: __________________________ ext.

*Contact Person: __________________________ Fax: __________________________

Title: __________________________ *Email: __________________________

Your report of items, unsuitable for school/office use or of poor quality, helps maintain quality control of stock / non-stock items. Please attach the package or sample, if possible. A separate report should be submitted for each item.

Product ID: __________________________

Item Description: __________________________
(use catalog or requisition description)

Brand Name and/or Manufacturer’s Model #: __________________________

STO #: __________________________ Date: __________________________

PLEASE CHECK appropriate complaint(s):

☐ Poor quality material or workmanship.

☐ Alternate is not equal to brand specified.

☐ Will not operate properly - needs frequent repair.

☐ Poor finish.

☐ Old or discolored stock.

☐ Other: __________________________

Specific Description of Defect:

☐ Will be notified upon disposition.

☐ Report to Buyer for future bid consideration.

☐ Other: __________________________

Claim #: __________________________ Date: __________________________

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