Date:		
Date.		

## PRODUCT COMPLAINT FORM

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

*Require	ed information.			
*School	/ Office:	*Cost Center:(Location Code)		
ESC (Local	District):	,	ext.	
*Contact	Person:	Fax:		
	Title:	*Email:		
Your	report of items, unsuitable for school/office use or of po Please attach the package or sample, if possible			
	Product ID:			
	Item Description:			
(use catal	log or requisition description)			
M	Brand Name and/or anufacturer's Model #:			
	STO #:	Date:		
DI EAC	PE CLIECT appropriate complaint(s).	Specific Description of Defect:		
PLEAS	SE CHECK appropriate complaint(s):	Specific Description of Defect.		
	Poor quality material or workmanship.  Alternate is not equal to brand specified.			
	Will not operate properly - needs frequent repair.			
	Poor finish.	Suggested Improvement:		
	Old or discolored stock.			
	Other:			
	Other.			
FOR STORES USE ONLY		Claim #:		
Action Taken by Materiel Management Branch:		Date:		
	Will be notified upon disposition.	Other:		
	Papart to Puwar for future hid consideration			