



5 Calle Industria, Bagumbayan
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PRODUCT COMPLAINT FORM

Reference No.

Product Complaint

MKTG-PCF

CUSTOMER NAME:		DATE FILED:
ADDRESS:		
CONTACT PERSON:	POSITION:	DEPARTMENT:
TELEPHONE NO. / LOCALS:	FAX NO:	EMAIL ADDRESS:

BRAND OF PRODUCT:	LOT NUMBER:
TYPE / KIND OF PRODUCT:	PRODUCT CODE:
NUMBER OF PIECES INVOLVED:	SIZE/S:

NATURE OF THE DEFECT: (PLEASE DESCRIBE IN A CLEAR AND CONCISE MANNER)

DO NOT FILL UP THE PORTION BELOW (FOR INMED PERSONNEL USE ONLY)

INITIAL RECOMMENDATION:

FINAL RECOMMENDATION: (TO BE FILLED UP BY PRODUCT SPECIALIST)

SUBMITTED BY:	VERIFIED BY:	APPROVED BY:
PRINT NAME OVER SIGNATURE / DATE	PRODUCT SPECIALIST / DATE	MARKETING MANAGER / DATE