



COMPLAINT REGISTRATION FORM

Date: ____ / ____ / ____

Retailer Details

Name: _____

Contact: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Customer Details

Name: _____

Contact: _____

Address: _____

Phone: _____

Mobile: _____

Inspection Date: ____ / ____ / ____

Inspected By: _____

Details of Inspection / Complaint

Product Information

MJS Invoice No.: _____

Date: ____ / ____ / ____

Product: _____

Colour: _____ Batch: _____

Metres related to complaint: _____

Invoice Price/Metre: \$ _____

Action Required: _____

MJS Internal Use Only:
Complaint Registration Form Received: ____ / ____ / ____
Salesman Advised: _____ Date: ____ / ____ / ____
Salesman's Action: _____

