

To be filled by barpa

N° Date Treated by

Filled this form and return by e-mail to quality@barpa.eu

Customer information

Customer * Customer Number
Country * Contact person *
E-mail

Complain information

Document Type Document Number * Date

Product Information

Code/Reference	Description	Quantity	Serial number (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for the complaint

Cause list
Description / Reason for complaint

Treatment of Complain (To be filled by barpa)

Decision Details of the treatment
Action
Contact person Treated by Date

Case closed

* Required field