

CUSTOMER FEEDBACK FORM	Document Control Use Only	
	Developed By	PPP Committee / Luisa Watts
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	Approved By	PPP Committee

Section 1: Company Details

Company:		Date:	
Contact Name:			
Email:			
Purchase Order:		Or Job Number:	
Description of the Issue:			
Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2: Response

<input type="checkbox"/> Freight Damage	<input type="checkbox"/> No- Conformance				
<input type="checkbox"/> Incorrectly Ordered	<input type="checkbox"/> Quality or Performance				
<input type="checkbox"/> Incorrectly Shipped	<input type="checkbox"/> Compliment				
<input type="checkbox"/> Incorrectly Supplied					
<input type="checkbox"/> Not Needed					
<input type="checkbox"/> Repair					
<input type="checkbox"/> Other					
Part Number	Description	Serial Number	Part Number	Description	Serial Number

Section 3: Action

Is the Product been sent back to AusProof: **Yes** **No** **RMA #:**

If yes:

1. Pack up the product in resalable condition and return this form to the Sales Manager by email.
2. An email with the Return Material Authorisation will be sent by our Sales Department, please include this form with your package.
3. Return the product back to AusProof Pty Ltd, 6 Shona Ave, Gladstone, QLD 4680.

Preferred Course of Action:

Return for Credit Return for Refund Return for Replacement

Section 4: Only to be completed by AusProof

Require NCR: **Yes** **No** **NCR #:**

AusProof Representative Comments, Name and Signature:

Assigned to:	Signature:	Date:
Closed by:	Signature:	Date: