

NON-COMPLIANCE FORM

RQ 8.3.12
Vers. 1
Date 10/12/2019

<u>Customer:</u>	<u>Uniform order n°:</u>	<u>Finish:</u>				
<u>PRODUCT TYPOLOGY</u>						
<u>ALUMINUM:</u> <input type="checkbox"/> Bars <input type="checkbox"/> Welded/Assembled <input type="checkbox"/> Shutters <input type="checkbox"/> Sheets	<u>UNI ONE:</u> <input type="checkbox"/> Bars <input type="checkbox"/> Panels <input type="checkbox"/> Preassembled	<u>ACCESSORIES/GASKETS:</u> <input type="checkbox"/> Accessories <input type="checkbox"/> Gaskets cut to measure <input type="checkbox"/> Vulcanised gaskets <input type="checkbox"/> Other: _____				
<u>Reason of complaint:</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <input type="checkbox"/> Damaged goods <input type="checkbox"/> Goods with other defect </td> <td style="width: 20%; text-align: center; padding: 5px;">QUICK REORDER</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Missing goods <input type="checkbox"/> Wrong measures <input type="checkbox"/> Wrong finish <input type="checkbox"/> Wrong profiles <input type="checkbox"/> Missing/wrong working <input type="checkbox"/> Wrong Accessories/Gaskets <input type="checkbox"/> Accounting complaint </td> <td style="text-align: center; padding: 5px;">REORDER AFTER TECHNICAL CHECK</td> </tr> </table>		<input type="checkbox"/> Damaged goods <input type="checkbox"/> Goods with other defect	QUICK REORDER	<input type="checkbox"/> Missing goods <input type="checkbox"/> Wrong measures <input type="checkbox"/> Wrong finish <input type="checkbox"/> Wrong profiles <input type="checkbox"/> Missing/wrong working <input type="checkbox"/> Wrong Accessories/Gaskets <input type="checkbox"/> Accounting complaint	REORDER AFTER TECHNICAL CHECK	Complaint Description: _____ _____ _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Damaged goods <input type="checkbox"/> Goods with other defect	QUICK REORDER					
<input type="checkbox"/> Missing goods <input type="checkbox"/> Wrong measures <input type="checkbox"/> Wrong finish <input type="checkbox"/> Wrong profiles <input type="checkbox"/> Missing/wrong working <input type="checkbox"/> Wrong Accessories/Gaskets <input type="checkbox"/> Accounting complaint	REORDER AFTER TECHNICAL CHECK					
<u>Customer's request:</u> <input type="checkbox"/> Goods replacement <input type="checkbox"/> Sending goods <input type="checkbox"/> Other: _____						
<u>Additional notes:</u> _____ _____ _____ _____ _____ _____ _____ _____ _____						
<u>Attachments:</u> <input type="checkbox"/> Pictures <input type="checkbox"/> Order confirmation <input type="checkbox"/> Delivery note <input type="checkbox"/> CAD File in DWG format <input type="checkbox"/> Other: _____	<u>To be filled in by UNIFORM</u> Date of complaint report: ____ / ____ / ____ DNC n° _____					