

CUSTOMER FEEDBACK FORM	Document Control Use Only	
	Developed By	Bridget Shaw / Luisa Watts
	Checked By	PPP Committee / Gabby Castellanos
	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 being sent back to AusProof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:	
<input type="checkbox"/> Return for Credit	<input type="checkbox"/> Return for Refund
<input type="checkbox"/> Return for Replacement	

Section 4: Only to be completed by AusProof			
Require NCR:	<input type="checkbox"/> Yes <input type="checkbox"/> No	NCR #:	RMA #:
AusProof Representative Comments, Name and Signature:			
Sales Manager:			
Assigned to:	Signature:	Date:	
Closed by:	Signature:	Date:	