

COMPLAINT REPORT

(Fill in as much details as possible)

Company _____

Department _____

Address _____

Contact _____

Phone _____

Title _____

E-mail _____

Complaint

Wrong product: _____

Wrong quantity: _____

Damaged under transport: _____

Others: _____

Problem description:

PRODUCT DATA (in case of used goods)

Material: _____

Medium: _____

CAS-No.: _____

Working pressure: _____ [bar]

Working temperature: _____ [°C]

Specific weight: _____ [kg/dm³]

Viscosity: _____ [mPa s]

Concentration: _____ [%]

Solid particle quantity: _____

Hardening: _____

Flow rate: _____ [l/min]

External loads: _____

Cleaning product: _____