Empire – Emco, Inc.

Quality Complaint Questionnaire
(Please complete all entries for quickest resolution)
Please return completed form to:

Customer:		PO #: B/L #		Date: Ship Date:	
Item Desc:					
Quantity Involved:	Rej	ection 🗌	Warning []	
Nature of Complaint: (If multip	le, list separately)				
Have samples of quality issue If samples have not been prov (Samples must be supplied to Number of Samples required:	rided have you provide	d a picture o		No ☐ Yes ☐ No ☐	
If ware has been rejected is re	eplacement required:	Yes 🗌	No 🗌 Credit	only: Yes ☐ No ☐	
When was problem found:					
Information from carton markin Lot Number: Cavity Number	ngs (If possible please Production Shift		or copy of labe	el) Box No.	
Has any sorting been done: Percentage of quality issue:	Yes 🗌 No 🗌	If yes, h	ow many:		
Percentage of order filled:		Percentage of order reviewed:			