



CUSTOMER CLAIM

Section 1 : Claim Information

Customer:	Date of Claim: DD/MM/YR	
	Claim Control No.	
Style Code:	ITEM Name / Description:	Invoice Date:
Resource Decor Acknowledgment No.:	Defect Description:	
Freight Carrier:		
Delivery Date:		
*Probable Cause:		

For a claim to be considered, the entire Claim Form must be filled out completely with all necessary photos as required below;

Clear Digital Photos

Photos must include:

- 1) Clear overall photo of the item
- 2) Clear photo(s) of each defect being submitted for a claim. Photos of varying angles of the defect are required, if necessary, to accurately depict defect.

ALL ITEMS APPROVED FOR RETURN MUST BE PACKED IN THE ORIGINAL CARTON AND WITH THE ORIGINAL INNER-PACKING MATERIAL.
IF THE ORIGINAL CARTON AND INNER-PACKING MATERIAL IS NOT AVAILABLE, ITEM MUST BE PACKED ADEQUATELY FOR RETURN SHIPMENT.
FAILURE BY DEALER TO PACK ADEQUATELY MAY RESULT IN DEALER BEING CHARGED FOR ANY ADDITIONAL DAMAGE INCURRED DURING RETURN SHIPMENT.

INTERNAL QUALITY REVIEW BY ROCHDALE-SPEARS GROUP

Section 2: Quality Assurance Review of the Complaint

PROBLEM IDENTIFICATION

Defect Category 1	Defect Category 2 (Common Fault)	Responsible Dept

PROBLEM DESCRIPTION:

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SOLUTION:

Corrective Measure	Effectivity Date & Purchase Orders
Preventive Measure	Effectivity Date & Purchase Orders

CONCLUSION:

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APPROVAL		Final Amount