



Complaint Form

Customer Information

Today's Date:
 Customer: Name & Title:
 City & State: Phone:
 Country: Email:
 Customer SCAR Number: End User:

Product Information

SS/STW Part #: Lot/Serial #: PO #:
 Lot Quantity: Claim Quantity: Order #:
 Was entire lot inspected? Yes No
 Information sent for investigation: Sample Photos Other:

Complaint Description

At what point was the issue identified?
 Description of issue:

If complaint is found to be valid, customer prefers:

Health and Safety Clearance and Permission for Destructive Testing

** only to be filled out if returning product*

| | Yes | No |
|---|-----|----|
| Did the sample come into contact with hazardous or toxic substances? | | |
| Are special precautions necessary for safe handling? If yes, please list below. | | |
| Has the sample been cleaned, drained, rinsed, and/or decontaminated? | | |
| Were any pathogenic microorganisms in contact with the product? | | |
| Can the sample be transported safely as a non-hazardous material? | | |
| Does the material need to be returned to customer? | | |
| Safe Handling Instructions/Other Comments: | | |

By typing your name below, you certify that the returned sample has been accordingly drained, rinsed, and decontaminated in order to allow its physical investigation and that the manipulation of this sample can be performed without any risk for the investigator by wearing gloves, coat, and glasses.

Type name:

For Sani-Tech West/SaniSure Use Only

Complaint Number: