



COMPLAINT

WAGO Kontakttechnik GmbH & Co. KG
Hansastraße 27
32423 Minden

Your return slip

You will receive a separate return slip with our quality report number for the specified item.

Date of submittal:

Customer data / Sender

Customer ID No.

Company

Street

ZIP Town

Contact

Last name, First name

Department

Phone Fax

E-Mail

We herewith request a quality report number for the following item(s)

	Material number	Quantity	Reason	Serial / Batch No.
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your item number		WAGO order number	WAGO invoice number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Material number	Quantity	Reason	Serial / Batch No.
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your item number		WAGO order number	WAGO invoice number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Material number	Quantity	Reason	Serial / Batch No.
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your item number		WAGO order number	WAGO invoice number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Material number	Quantity	Reason	Serial / Batch No.
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your item number		WAGO order number	WAGO invoice number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Material number	Quantity	Reason	Serial / Batch No.
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your item number		WAGO order number	WAGO invoice number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reasons for returning item(s):

1: Wrong item delivered 2: Incorrect quantity delivered 3: Wrong customer ID number 4: Repair required 5: Rework required 6: Update 7: Transport damage 8: Quality deficiency



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Defect (for reason nos. 4, 5, 6, 8)

- Continuous
- Occurs sporadically
- Occurs at certain temperatures
- Fails after an operating period of _____
- Mechanical defect

Length of use

- Not yet used
- Defective on commissioning
- _____ months in use

Technical defect for 258 Series

- Loan unit required

Did you contact our Support Center?

- Yes
- No

Support ticket No. _____

Detailed description of defect (incl. information about operating conditions)

What are you requesting?

- Credit voucher
- Replacement
- 8D Report

Pick-up service

We would be glad to pick up the goods under complaint from your location.
We need the following information from you to ensure a smooth, trouble-free process:

Contact

Last name, First name

Telefon

Pick-up address (if different from customer data)

Company

ZIP

Town

Small packages (up to max. 30kg/package)

Pick-up by UPS*

Quantity	Dimensions	Weight
<input type="text"/>	<input type="text"/>	<input type="text"/>

* We will send you a UPS shipping label by e-mail

Pallet goods

Pick-up by shipping company

Quantity	Dimensions	Weight
<input type="text"/>	<input type="text"/>	<input type="text"/>

Requested pick-up date