



# Customer Returns Form

Date:

Customer Account No.:

Contact Name:

Contact Phone:

Contact E-Mail:

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Product Code:

Invoice No. (If available):

Lot No.:

Quantity Returned:

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Reason for Return:

How The Complaint Occurred (please provide as much information as possible):

Sterilization Procedures Used (if applicable):

**Please note: It is illegal to send contaminated items via the post.**

**For Office Information Only:**

**Customer Action Taken:**

**Received by:**

**Sign:**

**Date:**

**Customer Complaint No.:**

Doc Ref: FT32

Issue No.: 3

Date: 09<sup>th</sup> May 2011

Approved by: AMD

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