|  |  |
| --- | --- |
| Date of complaint: | Date of product delivery: **(mandatory)1**  |
| Person/company name submitting the complaint:  | Purchase order number:  | Complaint number by GeneMe:  |
| Contact number:  |
| Email:  |
| The subject of the complaint:  |
| Type of damage: □ broken □ melted □open lid □ wet □other, please describe:  |
| Detailed storage conditions:

|  |  |
| --- | --- |
| Box LOT number | Quantity |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total number of boxes returned: |  |

 |
|  Description of the complaint: |
| Signature of the person making the complaint: |
| The result of assessing the complaint (to be filled by **manufacturer**): |
| Date:   | Signature of the person responsible for assessing the complaint: |

Complaint received by GeneMe:

1We are not able to accept complaint without this information.

 Remember you cannot mix box components.