



FERRO-ALUMINIO, C.A.

RIF. J-00100989-2

Address: Morón Coro National Highway, Mixed companies area.
Morón-Carabobo State. Venezuela. Telephones: +58 242 4211001-2031-2032.
Web: www.ferralca.com.ve/ E-mail: ventas@ferralca.com.ve

FERRALCA

CLAIM FORM FOR PRODUCT QUALITY

EMISSION: DECEMBER, 2017		VERSION: 01	
Date:			
1 CLIENT DATA			
Names and surnames or business name:			
Responsible for the claim:			
Phones:		Email:	
2 PRODUCT DATA			
Lot (s):			
Reception date:			
3 REASON FOR THE CLAIM			
4 PREVIOUS ACTIONS CARRIED OUT			
•			
•			
•			
•			
5 ATTACHED DOCUMENTATION			
•			
•			
•			
•			
6 BY VIRTUE OF THE FOREGOING, IT IS REQUESTED			
TO BE FILLED BY FERRALCA			
7 PROCESSING DATA			
Reception date:			
Processed by:		Processing date:	
Assigned to:		Assignment date:	



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Instructions for filling out the claim form

1. Write the names and surnames or the business name of who executes the claim, names and surnames, telephone number and email of the person responsible for the claim.
2. Write the lot number (or numbers) of the product on which the claim is made and the date of receipt of the same.
3. Describe the reason for the claim concretely and specifically.
4. Indicate, if so, what actions you took with the product to try to correct the eventuality presented (specify if it was a recommendation made by Ferralca and the person who made it). Indicate, if applicable, what procedures you carried out with Ferralca before formalizing this claim (calls made, emails sent; indicating the person who attended or the recipient of it).
5. Indicate, if so, what documents are attached to this claim (samples, photos, test results, etc.).
6. Specify concretely what you are requesting based on the claim made.

For Ferralca use:

7. Write the date the complaint is received, the person processing it (name and signature) and the date it is processed, the person assigned to resolve the complaint (name and signature), and the date the assignment is charged.
8. Resolution or response to the claim received (by the assigned person).
9. Justification or argumentation of the given resolution (by the assigned person).
10. Indicate, if applicable, the corrective actions that will be applied in response to the claim received and its resolution.
11. Specify, if so, the supporting documentation that is being attached to the resolution of the claim (samples, photos, analysis results, etc.).
12. Enter the date the resolution was made, the person responsible for the resolution (name and signature), the date on which the corrective actions are scheduled, if applicable, the person responsible for following up on the corrective actions (name and signature), the date on which the corrective actions are actually carried out.