|  |  |
| --- | --- |
|  | **COMPLAINT FORM****Please fill in this form sign and send it to e-mail:** **claims@crm.mhpfood.co.uk**The basis for submitting the form is defined in the General Terms and Conditions ("GTC") for the sale of Products of MHP Food UK Limited, which was applied to the sale and delivery of the Product for which this form is completed. Link for "GTC": <https://mhpfood.uk/for-partners/> |

***The filling of all data is obligatory for the investigation of the revealed non-conformity of products.***

|  |
| --- |
| **General information**  |
| Company name  |  |
| Non-conformity was detected by | [ ]  Buyer[ ]  Processor [ ]  Consumer[ ]  Auditor/Inspector[ ]  Laboratory[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Product description** |
| Product name  |  |
| Product code |  |
| Production date |  |
| Lot number (if differ from production date) |  |
| Producer |  |
| Supplier/Buyer |  |
| Quantity of received products, kg |  |
| Vehicle number |  |
| Invoice number |  |
|  |  |
| **Complaint details** |
| Complaint category | Choose |
| Quantity of products, kg |  |
| Brief description (please describe the discrepancy found, indicating where, at what process stage and what exactly was detected). |
|  |
| Please add evidence of the non-conformity (photo, forms, surveyor report/act of unloading) or attach it to this form |
|   |
| Please add photo of the individual label of the product or attach it to this form |
|  |
| *I declare that the information I have provided is true and correct to the best of my knowledge. I agree that my name and the information I have provided may, if necessary, be revealed in correspondence or investigations concerning my complaint. I understand that the recipient of this complaint may, in some cases, refer my complaint to another authority that is better able to deal with my complaint. In these instances, I accept that my complaint can be referred to that authority.* |
| **Completed by** |
| Name  |  |
| Position |  |
| Date |  |

***The next section is filled only by representative of the recipient of this complaint***

|  |  |
| --- | --- |
| **Date of complaint receipt** | **Income number** |
|  |  |
| Status | Оберіть/Choose |
| **Root cause and investigation details** |
|  |
| **Corrective actions** |
|  |
| **Answer provided by** |
| Name  |  |
| Position |  |
| Date |  |
| **Approved by** |
| Name  |  |
| Position |  |