



**Complaint**       **Return of goods (no complaint issues)**  
 (Mark with a cross where applicable)

Date:

Customer no./-name:      Contact person:      Department:  
 Street:      Zip Code/City/Country:      Phone:  
 E-mail:      End customer no.(if available):

WIKUS-order no.:      Invoice Date:  
 Delivery note no.:      Customer complaint no.:

Pos.	Article no./ quality	Dimension (mm)	Tooth pitch (tpi)	Length	Position of customer order	Quantity delivered	Claimed quantity
1							
2							
3							

Reason for complaint  
 (please tick as appropriate)

Pos.	1	2	3
Blade breakage			
Deformation of backing material			
Wrong delivery			
Short blade life			
Long cutting time			
Bad cutting surface			
Irregular movement of the blade			
Welding seam breakage			
Deflection			
Tooth breakage			
Other complaint reasons			

**Application data**

Instant of failure

Pos.	1	2	3
Material no.			
DIN description			
Hardness (HB,HRC,HV)			
Strength (N/mm <sup>2</sup> )			
Dimension (mm)			
Cross-section (mm)			
Clamping (single,layer,bundle)			
Brand of saw machine			
Type of saw machine			
Cutting speed Vc (m/min)			
Feed rate Vf (mm/min)			
Cutting time			
Oil content/coolant (%)			

**Other remarks:** E.g. reason for taking back goods

**Shipping information (packaging data)**

Kind of package:      Dimension:      Weight:  
 Opening hours:      Contact person for collection goods:  
 Phone/E-mail Contact person:

**ATTENTION:** *If you are returning goods from a third country it is absolutely necessary to enclose the pro forma invoice (incl. value of goods and Germany as state of origin). We reserve the right to invoice freight charges in case of unjustified complaints.*