

Customer Complaint Form

Please use this form you have experiences with Delta Optical Thin Film A/S that do not live up to your expectations. These could be product quality, delivery or other types of complaints. Please fill in the form and e-mail it to QA@delta.dk. Please attach any kind of information or documentation that can assist us in understanding your experience.

Please be aware that we do not accept any returned products until you have submitted this form and you have received an acknowledgement from our Quality Assurance department.

We aim to respond to your complaint within two working days.

Customer input	
Date:	
Company Name:	
Company Address:	
Customer Complaint ID (if applicable):	
Customer Contact Person:	
Name:	
Position:	
E-mail:	
Phone number:	
Delta reference (Please note first point of contact, if case has already been discussed with Delta):	
Complaint related to:	
Delta Order number:	
Delta Product number:	
Delta Batch number:	
Amount of products:	
Customer description of complaint	
Note	
In case you do not receive a Complaint reference number, within two working days, please contact QA@delta.dk or your first point of contact again.	