

RECORD OF PARTS OR SUPPLIER ISSUES

SHOP NAME: _____ DATE: _____

CONTACT PERSON: _____ BUSINESS PHONE#: _____

VEHICLE (MAKE/MODEL): _____ CLAIM#: _____

PLATE#: _____ REASON FOR COMPLAINT: FIT FINISH QUALITY DELIVERY OTHER

By submission of this form the issuer consents to the collection and dissemination of the information for the purpose of identifying, tracking and working towards resolving repetitive parts issues. This Consent is deemed sufficient for the purposes of the Personal Information Protection and Electronic Documents Act (PIPEDA)

SUPPLIER: _____

RECYCLED PART DESCRIPTION	TRANSACTION#

AFTERMARKET PART#	PART DESCRIPTION	MANUFACTURER/BRAND

REASON FOR COMPLAINT (PART OR SUPPLIER ISSUE): _____

WAS THE PROBLEM RESOLVED: YES _____ NO _____

HOW WAS IT RESOLVED? _____

PLEASE COMPLETE IN AS MUCH DETAIL AS POSSIBLE AND **FAX TO ATA at 453-5743**
 OR **FAX TO MPI at 985-8652**