

GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: Customer Complaint Initiation Number: Q12-PR-100-F019
Owner: Deborah Durbin Revision: 5

Effective Date: 09/23/12 Page: 1 of 1



COMPANY:
NAME/TITLE:
PHONE/EMAIL:
SUPPLIER/LOCATION:
TRAILER/RAILCAR #:
COMPLAINT:
BILL OF LADING:
DATE OF SHIPMENT:
MARKETING AUTHORIZATION TO CONTACT CUSTOMER:
(Date)
CSR:(Date)
GILES SALES PERSON:
AMOUNT TO CREDIT CUSTOMER (if applicable):
COST OF CLAIM TO GILES:
DATE INVESTIGATION COMPLETED:
DATE CSR, MARKETING, SALES NOTIFIED OF COMPLETION: