



QUALITY PROBLEM MEMO

Date:
 To: QUALITY ASSURANCE
 From:

CUSTOMER INFORMATION	MERCHANDISE INFORMATION
Account #:	Date Merchandise Recv'd on Property:
Account Name:	Style #:
Contact Person:	Qty Recv'd:
Telephone #:	Qty Defective Merchandise:
Account Address:	Return Authorization #(If applicable):
	Order Number(s): Past Orders

DESCRIPTION OF THE SPECIFIC PROBLEM: Attach customers' letter if available. A sample of defective merchandise must also accompany this Memo. PLEASE NOTE: **PAR LEVEL, JOB FUNTION, AND HOW THE CUSTOMER IS LAUNDERING THE GARMENTS.**

Par Level: per employee	Job Function:		
FABRIC PERFORMANCE			
Quality Claim			
General Appearance <input type="checkbox"/>	Color <input type="checkbox"/>	Dimensional Stability <input type="checkbox"/>	Other <input type="checkbox"/>
Pilling <input type="checkbox"/>	Shaded <input type="checkbox"/>	Shrinkage <input type="checkbox"/>	Comments:
Abrasion <input type="checkbox"/>	Fading <input type="checkbox"/>	Growth <input type="checkbox"/>	
Snagging <input type="checkbox"/>	Bleeding <input type="checkbox"/>		
Tear <input type="checkbox"/>			

CUSTOMER FABRIC MAINTENANCE			
Laundering Method	Bleach	Wash Temperature	Drying Method
Home Wash <input type="checkbox"/>	Chlorine <input type="checkbox"/>	Cold <input type="checkbox"/>	Tumble Dry Low <input type="checkbox"/>
Commercial	Non Chlorine <input type="checkbox"/>	Warm <input type="checkbox"/>	Tumble Dry Medium <input type="checkbox"/>
Dry Clean <input type="checkbox"/>	None <input type="checkbox"/>	Hot <input type="checkbox"/>	Tumble Dry High <input type="checkbox"/>
Industrial <input type="checkbox"/>			Line Dry <input type="checkbox"/>
			Lay Flat to Dry <input type="checkbox"/>

RESPONSE