



QUALITY COMPLAINT REPORT

For CAPA Certified Parts ONLY - Parts Must Have Yellow CAPA Seal

FOR CAPA USE ONLY

Complaint # _____

Date Received _____

Date:			
Vehicle Make:	Model:	Year:	

Part Information:

CAPA Seal Number:	CAPA Part Number:
CAPA Manufacturer:	Lot Number (stamped on part):

Part Type:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> R <input type="checkbox"/> L Box Side | <input type="checkbox"/> Grille | <input type="checkbox"/> Metal Bumper Reinforcement | <input type="checkbox"/> R <input type="checkbox"/> L Side Marker Lamp |
| <input type="checkbox"/> F <input type="checkbox"/> R Bumper Cover | <input type="checkbox"/> Header Panel | <input type="checkbox"/> R <input type="checkbox"/> L Park / Signal Lamp | <input type="checkbox"/> R <input type="checkbox"/> L Tail Lamp |
| <input type="checkbox"/> R <input type="checkbox"/> L Door Shell | <input type="checkbox"/> R <input type="checkbox"/> L Headlamp | <input type="checkbox"/> Plastic Energy Absorber | <input type="checkbox"/> Tailgate |
| <input type="checkbox"/> R <input type="checkbox"/> L Fender | <input type="checkbox"/> Headlight Bezel | <input type="checkbox"/> R <input type="checkbox"/> L Quarter Panel | <input type="checkbox"/> Trunk Lid |
| <input type="checkbox"/> Foam Energy Absorber | <input type="checkbox"/> Hood | <input type="checkbox"/> Radiator Support | <input type="checkbox"/> Wheel House |
| <input type="checkbox"/> R <input type="checkbox"/> L Fog Lamp | <input type="checkbox"/> Metal Bumper | <input type="checkbox"/> Other (Please Describe): _____ | |

Please PRINT your name & address:

Your Name	
Company Name	
Address	
City, State, Zip	
Phone	
Fax	
Email Address	

Please PRINT name & address of Distributor:

Company Name	
Address	
City, State, Zip	
Phone	
Fax	
Email Address	

You are a:

- Collision Repairer Insurance Adjustor Distributor Other (please describe): _____

May we release your name to the manufacturer? Yes No

Please describe the type of problem observed:

- | | | | | | |
|--|-------------------------------------|---|---|------------------------------------|--|
| <input type="checkbox"/> Adhesive | <input type="checkbox"/> Too Little | <input type="checkbox"/> Too Much | <input type="checkbox"/> Length | <input type="checkbox"/> Too Short | <input type="checkbox"/> Too Long |
| <input type="checkbox"/> Attachments | <input type="checkbox"/> Missing | <input type="checkbox"/> Did Not Work | <input type="checkbox"/> Moisture / Humidity Inside Lens | | |
| <input type="checkbox"/> Body Line / Contour – Poor | | | <input type="checkbox"/> Orange Peel | | |
| <input type="checkbox"/> Brackets / Holes | <input type="checkbox"/> Location | <input type="checkbox"/> Incorrect Size | <input type="checkbox"/> Paint Adhesion (Paint does not adhere to factory primed surface) | | |
| <input type="checkbox"/> Burrs | | | <input type="checkbox"/> Primer Adhesion (Factory primer does not adhere to surface) | | |
| <input type="checkbox"/> Color | | | <input type="checkbox"/> Primer Inconsistent or Missing | | |
| <input type="checkbox"/> Contamination / Foreign Material | | | <input type="checkbox"/> Scratches / Dents / Pits / Ripples | | |
| <input type="checkbox"/> Flash – Sharp or Rough Edges | | | <input type="checkbox"/> Seal Missing | | |
| <input type="checkbox"/> Flush | <input type="checkbox"/> Too High | <input type="checkbox"/> Too Low | <input type="checkbox"/> Shipping Damage Evident | | |
| <input type="checkbox"/> Function of Lamp – Poor | | | <input type="checkbox"/> Studs – Inappropriate Location | | |
| <input type="checkbox"/> Gap | <input type="checkbox"/> Too Wide | <input type="checkbox"/> Too Narrow | <input type="checkbox"/> Surface – Wavy / Warped / Distorted | | |
| <input type="checkbox"/> Grind Marks / Tool Marks | | | <input type="checkbox"/> Welded Fastener – Inappropriate Location | | |
| <input type="checkbox"/> Installation Significantly Exceeded "Book Time" | | | <input type="checkbox"/> Welds | <input type="checkbox"/> Missing | <input type="checkbox"/> Weak |
| <input type="checkbox"/> Latch Problems | | | <input type="checkbox"/> Width | <input type="checkbox"/> Too Wide | <input type="checkbox"/> Not Wide Enough |

Location of Problem / Comments / Other:

- Are photos available? Yes No
- Is the part available for inspection, if necessary? Yes No
- Was the part returned to the distributor? Yes No
- What part was used for replacement? CAPA OEM Non-CAPA AM OEM Recycled N/A
- Would you like a CAPA Representative to contact you? Yes No When would be most convenient? _____

Please email photos to complaints@capacertified.org.
Use CAPA Seal number for the subject line.

Please complete all information and send to CAPA Quality Complaint Program:

Phone: (800) 505.CAPA (2272)

Fax: (202) 737.2214

Mail: Suite 1010, 1000 Vermont Avenue, N.W., Washington, D.C. 20005

E-Mail: complaints@capacertified.org

Website: www.CAPACertified.org

If returning this part to the distributor please print the following and attach securely to the part:

This part has a pending CAPA complaint.

Please hold for a minimum of 10 business days.
Within that time, a CAPA representative may call to purchase the part
for inspection and validation of the complaint.



If you have any questions or comments, please contact CAPA at:
(800) 505 – CAPA (2272) or complaints@capacertified.org