

# QUALITY COMPLAINT REPORT

For CAPA Certified Parts ONLY - Parts Must Have Yellow CAPA Seal  
 Please submit the CAPA Quality Complaint form within 24 hours of returning the part.

**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"/> Orange Peel  |
| <input type="checkbox"/> Attachments   | <input type="checkbox"/> Missing    | <input type="checkbox"/> Did Not Work | <input type="checkbox"/> Paint Adhesion (Paint does not adhere to factory primed surface)                 |
| <input type="checkbox"/> Brackets / Holes - Location   |                                     |                                       | Paint System used: _____  |
| <input type="checkbox"/> Brackets / Holes - Size   |                                     |                                       | <input type="checkbox"/> Primer Adhesion (Factory primer does not adhere to surface)                      |
| <input type="checkbox"/> Burrs   |                                     |                                       | Paint System used: _____  |
| <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"/> Style Lines do not match   |
| <input type="checkbox"/> Grind Marks / Tool Marks  |                                     |                                       | <input type="checkbox"/> Surface - Wavy / Warped / Distorted  |
| <input type="checkbox"/> Installation Significantly Exceeded "Book Time"                             |                                     |                                       | <input type="checkbox"/> Welded Fastener - Inappropriate Location   |
| <input type="checkbox"/> Latch Problems  |                                     |                                       | <input type="checkbox"/> Welds <input type="checkbox"/> Missing <input type="checkbox"/> Weak             |
| <input type="checkbox"/> Length <input type="checkbox"/> Too Short <input type="checkbox"/> Too Long |                                     |                                       | <input type="checkbox"/> Width <input type="checkbox"/> Too Wide <input type="checkbox"/> Not Wide Enough |
| <input type="checkbox"/> Moisture / Humidity Inside Lens   |                                     |                                       |   |

**Location of Problem / Comments / Other:**


- Are photos available?     Yes     No    **Please email photos to [complaints@capacertified.org](mailto:complaints@capacertified.org).**
- Is the part available for inspection, if necessary?     Yes     No    **Use CAPA Seal number for the subject line.**
- 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 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](mailto:complaints@capacertified.org)  
**Website:** [www.CAPACertified.org](http://www.CAPACertified.org)

*Please submit the CAPA Quality Complaint form within 24 hours of returning the part to your distributor. Submitting the complaint in a timely manner will help to ensure that the part is not destroyed by the distributor and can be obtained for further quality testing.*

*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 will 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](mailto:complaints@capacertified.org)***