



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:

- Appearance Fit Function Other

Location of Problems / Comments / Other

- | | | |
|---|--|---|
| Are photos available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please email photos to capa.complaint@intertek.com
Use CAPA Seal number for the subject line. |
| Is the part available for inspection? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was the part returned to the distributor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What part was used for replacement? | <input type="checkbox"/> CAPA <input type="checkbox"/> OEM <input type="checkbox"/> Non-CAPA AM <input type="checkbox"/> OEM Recycled <input type="checkbox"/> N/A | |

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

Phone: 800-505-CAPA (2272)

Fax: 616-245-5347

Mail: 4700 Broadmoor SE, Suite 200 Kentwood, MI 49512

E-Mail: capa.complaint@intertek.com

Website: 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 capa.complaint@intertek.com***