



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):	
OEM Number:		

Part Type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Box Side <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Bracket
<input type="checkbox"/> Bumper Cover <input type="checkbox"/> F <input type="checkbox"/> R
<input type="checkbox"/> Door Shell <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Fender <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Fog Lamp <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Grille
<input type="checkbox"/> Header Panel | <input type="checkbox"/> Headlamp <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Headlight Bezel
<input type="checkbox"/> Hood
<input type="checkbox"/> Lamp Cover
<input type="checkbox"/> Park / Signal Lamp <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Quarter Panel <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Radiator Support
<input type="checkbox"/> Side Marker Lamp | <input type="checkbox"/> Side Moulding
<input type="checkbox"/> Tailgate
<input type="checkbox"/> Tail Lamp <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Truck Bed
<input type="checkbox"/> Trunk Lid
<input type="checkbox"/> Wheel House
<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	

May we release your name to the manufacturer? Yes No

Please check one:

- | | |
|---|---|
| <input type="checkbox"/> Collision Repairer | <input type="checkbox"/> Insurance Adjustor |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Other (please describe): _____ |

Please describe the type of problem observed:

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

Location of Problem / Comments / Other:

- | | | |
|--|--|---|
| Are photos available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please email photos to complaints@capacertified.org .
Use CAPA Seal number for subject line. |
| Is the part available for inspection, if necessary? | <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 | |
| Would you like a CAPA Representative to contact you? | <input type="checkbox"/> Yes <input type="checkbox"/> 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
Website: www.CAPAcertified.org

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