## SCRS Part Quality Complaint Form



Date

Contact Information		
Name		
Business		
Address		
City		State ZIP
Phone		Email
Vehicle Infor	mation	
Year	Make	Model
Part Information		
Right 🗆 🛛 🛛 L	eft□ Front□ Rear	
Part Name (ex: Fender, Hood, Radiator, Wheel, etc)		
Part Number (On vehicle)		
Part Number (Part ordered)		
Part Number (Received)		
Part Type	□New OEM	Manufacturer
	□Salvaged	Distributor
	Reconditioned	Distributor
	Aftermarket (non-certi	ified) Manufacturer
	☐ Aftermarket (certified)	-
		CAPA NSF MQVP Other
		Certification / Seal Number
Prohlem (Des	rrihe issue in detail Examples includ	de fit, shape/contour, size/placement of bolt holes, damage, etc)

Complaints should be submitted to SCRS via Email info@scrs.com, or Fax 877-851-0660, and should include photographs demonstrating the issues outlined in the complaint. Please note, SCRS is compiling this information for research, and will not be responding to individual complaints, nor necessarily directly addressing the quality issues raised. If you have a complaint that requires immediate attention, please contact the manufacturer, distributor or certifier of the product directly.

Society of Collision Repair Specialists • P.O. Box 909, Prosser, WA 99350 • (877) 841-0660 • Fax (877) 851-0660 • www.scrs.com