

Date:

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# COMPLAINT APPLICATION

**MY APPLICATION APPLIES:**

Return

Complaint

If you have selected Return above, please fill page 1 and send the articles to:  
Cresto Group AB/Logistikpartner i Ulricehamn AB, Vistaforsvägen 3, 523 37 Ulricehamn, Sweden

If you have selected Complaint, then please fill page 1 and 2 and send the articles to:  
Cresto Group AB, Diabasgatan 16, 254 68 Helsingborg, Sweden

**I AM A:**

Customer

Supplier

**COMPANY INFORMATION**

Company

Address

Contact person

E-mail

Telephone

**ARTICLE INFORMATION**

Which articles does your case relate to?

Article number	Serial number	Quantity	Comments

**CRESTO GROUP AB**

Diabasgatan 16  
254 68 Helsingborg  
SWEDEN

T. +46 42 56 300  
E. support@crestogroup.com  
www.crestogroup.com

**CRESTO GROUP**  
EXPECT MORE

Date:

**2**

## **DESCRIPTION OF COMPLAINT**

If your case concerns a complaint, we need to know what has happened. Describe as thoroughly as possible and please attach pictures if possible.

Date:

**3**

## **ANALYSIS OF COMPLAINT**

Here Cresto Group takes over and manages your case. We provide feedback to you when we have more information about your case.

Case number

Administrator

Start date

End date

## **CAUSE AND ANALYSIS**

### **CRESTO GROUP AB**

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EXPECT MORE

Date:

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## **CORRECTIVE ACTION**

## **PREVENTIVE MEASURE**