

<b>CUSTOMER DETAILS (Please Print)</b>		<b>Return No:</b> (office use only)
NAME:		
ADDRESS:		
		EMAIL*:
CONTACT NUMBER:		SIGNATURE:

\*Please ensure this is recorded as QA delegate will send an acknowledgment email to customer.

**PRODUCT DETAILS**

DIFFUSER TYPE (please record brand and model):		
DATE PURCHASED:	DATE RETURNED:	TEAM MEMBER:
STORE LOCATION:		
<b>REASON FOR RETURN (Please tick relevant box and provide details):</b>		
<input type="checkbox"/> Power source		
<input type="checkbox"/> Light fault		
<input type="checkbox"/> Ultrasonic fault		
<input type="checkbox"/> Not diffusing for long		
<input type="checkbox"/> OTHER (Include details below)		
<p align="center"><b>PLEASE RETURN THIS COMPLETED FORM AND DIFFUSER <u>IMMEDIATELY</u> TO HEAD OFFICE (ON THE SAME DAY IT IS RECEIVED). FOLLOWING AN INVESTIGATION BY QA THE CUSTOMER WILL BE NOTIFIED DIRECTLY AND A REFUND/EXCHANGE WILL BE ISSUED BY HEAD OFFICE AS APPROPRIATE.</b></p>		

**THIS SECTION HEAD OFFICE USE ONLY**

**QUALITY ASSURANCE INVESTIGATION**

Investigation Results:			
		Initial Investigations Correct:	Yes / No
		CA/ NCR #:	Yes / No
		Complaint Justified?	Yes/ No

**REVIEW AND CLOSE OUT**

Further actions:	
Refund Auth No (if applicable):	
Closed Out: .....	Technical Manager (or delegate)      Date