



mohawk

Date: \_\_\_\_\_

Customer Claim # (if applicable): \_\_\_\_\_

465 Saratoga Street  
Cohoes, NY 12047  
800 THE MILL  
800 843 6455

## Mohawk Complaint Form

### Instructions:

- **Fill out & complete complaint form**
- **Submit claim form & samples/photos**
  - **Send to:** Customer Technical Services, Mohawk Paper, One O'Connor Drive, Waterford, NY 12188
    - *Note: For courier use only!*
  - **Email:** techservices@mohawkpaper.com
- **Once complaint form & samples are received, your claim will be processed**
  - *Note: Claim form is necessary to complete the credit*
- **Mohawk will assign a Mohawk Complaint #, evaluate samples, and issue credit**
- **Mohawk will assign a Mohawk RMA # and coordinate pickup, if needed**

Merchant: \_\_\_\_\_

Printer/Customer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Merchant Salesperson: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### Essential Order Information:

Merchant's PO#: \_\_\_\_\_

Mohawk's Invoice #: \_\_\_\_\_

Mohawk's Order #: \_\_\_\_\_

Lot#: \_\_\_\_\_

Roll ID: \_\_\_\_\_

### Grade Information:

Item #: \_\_\_\_\_

Item Description: \_\_\_\_\_

Shade/Finish: \_\_\_\_\_

Basis Weight: \_\_\_\_\_ Size: \_\_\_\_\_

❖ **Photos of labels are appreciated.**

### Problem Discovered:

- |                                   |   |                                      |                              |
|-----------------------------------|---|--------------------------------------|------------------------------|
| <input type="radio"/> At Printer  | <input type="radio"/> First Pass        | <input type="radio"/> After Printing | <input type="radio"/> Other: |
| <input type="radio"/> At End User | <input type="radio"/> Subsequent Passes | <input type="radio"/> Bindery        | _____                        |

### Paper Cut By:

### Action Taken:

- |                            |                                |                               |                                     |                                  |                                      |
|----------------------------|--------------------------------|-------------------------------|-------------------------------------|----------------------------------|--------------------------------------|
| <input type="radio"/> Mill | <input type="radio"/> Merchant | <input type="radio"/> Printer | <input type="radio"/> Job Completed | <input type="radio"/> Job Pulled | <input type="radio"/> Paper Replaced |
|----------------------------|--------------------------------|-------------------------------|-------------------------------------|----------------------------------|--------------------------------------|



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## **Mohawk Complaint Form**

### **Printing Information:**

Press Make & Size: \_\_\_\_\_

Number of Units: \_\_\_\_\_ Number of Colors: \_\_\_\_\_

Pressroom Temp: \_\_\_\_\_ Paper Temp: \_\_\_\_\_ Relative Humidity: \_\_\_\_\_

### **For Digital Items Only:**

Print Engine Make & Model: \_\_\_\_\_

### **Nature & Costs of Claim:**

Date of Occurrence: \_\_\_\_\_

Description of Problem: \_\_\_\_\_

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Total Number of Sheets/Envelopes/etc.: \_\_\_\_\_

Rolls     Skids     Cartons     Other \_\_\_\_\_

Press Time (Number of Hours & Rate): \_\_\_\_\_

Other: \_\_\_\_\_

Total Claim: \_\_\_\_\_

### **Additional Information:**

- If a RMA is needed to return product, please provide the following for scheduling a pickup...

Address of where product is located: \_\_\_\_\_

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Contact (Name, phone #, email, fax #): \_\_\_\_\_

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