



**INDUSTRIAL CUTTING TOOLS
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CUSTOMER COMPLAINT FORM

Ticket No. _____

CUSTOMER: _____

DATE: _____

SALES PERSON: _____

BLADE NO.: _____ DIA: _____ TOOTH COUNT: _____

COMPLAINT:

SOLUTION:

Level: _____

Tension: _____

Face Grind: _____

Side Grind: _____

Topping: _____

