

Ivy Lane Initial Customer Incident Report

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|-------------------------------------|--|---|--|----------------|-----|
| | | | | | |
| Store # | | Customer Care Ticket Number (Required) | | Invoice Number | |
| Date of Service | | Please complete fully Customer Information | | | |
| Date of Claim | | | | | |
| Date Customer Care Notified | | | | | |
| Topside Tech | | Name | | | |
| Bottomside Tech | | Address 1 | | | |
| CSR | | Address 2 | | | |
| MOD | | City | | State | Zip |
| Explain customer incident in detail | | Phone | | | |

Use additional sheet if needed

What is customer asking for?

Include any estimates provided by the customer

Explain resolution process. If Claim is resolved please include information including any receipts or documentation

| | | | |
|---------------------|--|-----------------------------|--|
| Year, Make, Model | | Person completing this form | |
| Current Mileage | | Date Form Completed | |
| Mileage at incident | | VIN Number | |