



LEO WOLLEMAN, INC. 31 South Street Suite 4N3 Mount Vernon New York 10550

Supply Chain Complaint Form

Name of Company	
------------------------	--

Date of the Complaint	
------------------------------	--

Description of Supply Chain complaint:

How has the complaint been resolved?

Comments: _____

Authorized Signature		Date	
-----------------------------	--	-------------	--

Leo Wolleman, Inc. ensures that the person / company filing this grievance shall do so without fear of blowback, retaliation, dismissal or harassment. The grievance filed shall remain confidential.

Send complaint to:
att: David Stein dstein@leowolleman.com / Ken Gurny gurnyk@leowolleman.com or hand deliver.

Tel: 212-205-6515