

Customer Complaint Form

Customer Information			
Customer Name:		Customer Phone:	
Customer Address:			
Contact Name:		Contact Position:	
Invoice Number:		Product Number:	
Product Description:			

Complaint Information			
Complaint Date:		Complaint Taken By:	
Complaint Details:			
First Response Corrective Action:			
Suspected Cause:			
Corrective Action Person(s):			
Corrective Action Follow-up:			
What steps should be considered to avoid a repeat of the problem:			

Name of Employee
Completing the Form

Signature

Date