

Costumer Complaint Form

| COSTUMER INFORMATION | |
|----------------------|----------------------|
| Costumer Name: | Costumer Phone: |
| Costumer Address: | |
| Contact Name: | Contact Position: |
| Costumer P.O. No.: | Invoice Number: |
| Product Number: | Product Description: |

| COSTUMER 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: | |
| Date: | |

Name of person completing the form

Signature

