



**CUSTOMER COMPLAINT
INCIDENT INVESTIGATION INITIATION**

COMPANY: _____

NAME/TITLE: _____

PHONE/EXT: _____

EMAIL: _____

SUPPLIER/LOCATION: _____

TRAILER OR RAILCAR #: _____

COMPLAINT:

BILL OF LADING: _____

DATE OF SHIPMENT: _____

**MARKETING AUTHORIZATION TO CONTACT
CUSTOMER:** _____

CSR NAME/SIGNATURE: _____