



## **CUSTOMER COMPLAINT INCIDENT INVESTIGATION INITIATION**

COMPANY: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

PHONE/EXT: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

BILL OF LADING: \_\_\_\_\_

DATE OF SHIPMENT: \_\_\_\_\_

CSR NAME/SIGNATURE: \_\_\_\_\_

