

CUSTOMER COMPLAINT
INCIDENT INVESTIGATION FORM

COMPANY: _____

NAME/TITLE: _____

PHONE/EMAIL: _____

SUPPLIER/LOCATION: _____

TRAILER/RAILCAR #: _____

COMPLAINT: _____

BILL OF LADING: _____

DATE OF SHIPMENT: _____

MARKETING AUTHORIZATION TO CONTACT

CUSTOMER: _____ **(Date)** _____

CSR: _____ **(Date)** _____

GILES SALES PERSON: _____

AMOUNT TO CREDIT CUSTOMER (if applicable): _____

COST OF CLAIM TO GILES: _____

DATE INVESTIGATION COMPLETED: _____

DATE CSR, MARKETING, SALES NOTIFIED OF COMPLETION: _____