CUSTOMER COMPLAINT

INCIDENT INVESTIGATION FORM

NAME/TITLE:	
SUPPLIER/LOCATION: TRAILER/RAILCAR #: COMPLAINT: BILL OF LADING: DATE OF SHIPMENT: MARKETING AUTHORIZATION TO CONTACT CUSTOMER: CUSTOMER: GILES SALES PERSON: AMOUNT TO CREDIT CUSTOMER (if applicable):	
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):	
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BILL OF LADING:	
BILL OF LADING:	
MARKETING AUTHORIZATION TO CONTACT CUSTOMER:	
CUSTOMER:	
CSR:(Date) GILES SALES PERSON: AMOUNT TO CREDIT CUSTOMER (if applicable):	
GILES SALES PERSON:AMOUNT TO CREDIT CUSTOMER (if applicable):	
AMOUNT TO CREDIT CUSTOMER (if applicable):	
COST OF CLAIM TO GILES:	
DATE INVESTIGATION COMPLETED:	
DATE CSR, MARKETING, SALES NOTIFIED OF COMPLETION: _	

Rev:03 Date: 09/08/2011