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## **CUSTOMER COMPLAINT INCIDENT INVESTIGATION INITIATION**

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

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

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

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

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

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

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