**Costumer Complaint Form**

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| **COSTUMER INFORMATION** | |
| **Costumer Name:** | **Costumer Phone:** |
| **Costumer Address:** | |
| **Contact Name:** | **Contact Position:** |
| **Costumer P.O. No.:** | **Invoice Number:** |
| **Product Number:** | **Product Description:** |

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| **COSTUMER INFORMATION** | |
| **Complaint Date:** | **Complaint Taken By:** |
| **Complaint Details:** | |
| **First Response Corrective Action:** | |
| **Suspected Cause:** | |
| **Corrective Action Person(s):** | |
| **Corrective Action Follow-up:** | |
| **What steps should be considered to avoid a repeat of the problem:** | |
| **Date:** | |
| **Name of person completing the form Signature** | |