



Customer Complaint Form

Update the purpose here !

Customer Name

Email

Phone Number

Address

Product Name

Product Code/ID

Batch/Lot Number

Expiry Date

Purchase Date

Place of Purchase

Date and Time of Incident

Detailed Description of the Complaint

1	Complaint Details	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
1.1	Did you experience the issue within the last 30 days?					
1.2	Was there a foreign object in the product?					

1.3	Did the product have an unusual taste?					
1.4	Was there an issue with the texture of the product?					
1.5	Did you notice any problem with the appearance of the product?					
1.6	Was the packaging damaged or faulty?					
1.7	Did you or anyone else experience illness after consuming the product?					
2	Product Handling and Storage	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
2.1	Was the product stored according to the recommended conditions?					
2.2	Was the product packaging intact when purchased?					
2.3	Did you notice any unusual odor from the product?					
2.4	Was the product within its expiration date at the time of purchase?					
3	Customer Service Interaction	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time

3.1	Did you contact customer service about the issue before filling out this form?					
3.2	Was your interaction with customer service satisfactory?					
3.3	Did customer service provide you with clear instructions on how to file a complaint?					
3.4	Did customer service respond to your inquiry in a timely manner?					
4	Health and Safety:	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
4.1	Did the product cause any allergic reactions?					
4.2	Did you seek medical attention due to the issue with the product?					
4.3	Did you notice any contamination in the product (e.g., mold, foreign substances)?					
5	Brand and Product Loyalty	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
5.1	Have you purchased this product before without any issues?					

5.2	Would you consider purchasing this product again despite this issue?					
5.3	Do you usually prefer products from this brand?					
5.4	Did this issue affect your overall perception of the brand?					
6	Response and Resolution	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
6.1	Have you received any previous compensation or replacement for this issue?					
6.2	Do you believe this issue requires further investigation?					
6.3	Would you like to be informed about the outcome of the investigation?					
6.4	Are you aware of any other customers experiencing similar issues with this product?					
7	Documentation and Evidence	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time

7.1	Do you have any other evidence to support your complaint (e.g., videos, witness statements)?					
7.2	Have you kept the product and packaging for further inspection?					
8	Resolution and Follow-Up:	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
8.1	Would you like a replacement product?					
8.2	Would you prefer a refund?					
8.3	Are you satisfied with the resolution provided?					
8.4	Would you like to be contacted for follow-up?					

Verified By						
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