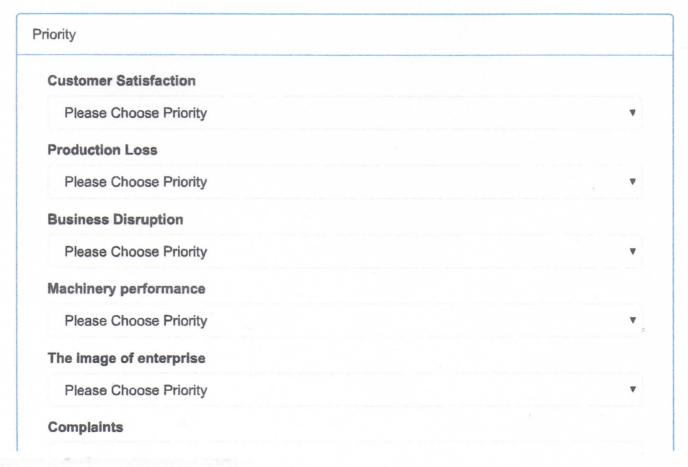
Complaint Form

ID	
CP NO.	
Date	
Category	
Select Category	▼
Topic	
Select Topic	



Complaint Person

Employee ID

Department

Department Code

Details of Complaint / Damages **O** Customer Name **Customer Name** Customer Ref. Customer Ref. **Invoice Number** Invoice Number **Product Code Product Code** Lot No. Lot No. Quantity Quantity Message

2000 characters left

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Related Department	
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