

Complaint Form

Topic			
ID.....	Date.....	Category.....	Topic.....

Priority
Customer Satisfaction.....
Production Loss.....
Business Disruption.....
Machinery Performance.....
The image of enterprise.....
Complaints.....
Impact on personal.....

User Information
Complaint Person..... Employee ID.....
Department..... Department Code.....

Detail of Complaint / Damages
Customer Name..... Customer Ref.....
Invoice Number..... Product Code.....
Lot No..... Quantity.....
Detail.....
.....
.....
.....

Related Department
<input type="checkbox"/> ACCOUNT & FINANCE <input type="checkbox"/> ADMIN <input type="checkbox"/> PURCHASE <input type="checkbox"/> HR <input type="checkbox"/> SALES <input type="checkbox"/> PRODUCTION <input type="checkbox"/> SAMPLE & DESIGN <input type="checkbox"/> ENGINEER & MAINTENANCE <input type="checkbox"/> PLANING & CS <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> QC <input type="checkbox"/> LAB <input type="checkbox"/> SD <input type="checkbox"/> EXPORT <input type="checkbox"/> SM