| **CUSTOMER INFORMATION** | | |
| --- | --- | --- |
| **Customer Name:** | | **Customer Contact details:** |
| **Customer Address:** | | |
| **Contact Name:** | | **Contact Position:** |
| **Customer P.O. No.:** | | **Invoice Number:** |
| **Product Number:** | | **Product Description:** |
|  | | |
| **COMPLAINT 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 this form Signature**