



CUSTOMER COMPLAINT FORM

DOST REGIONAL OFFICE NO. I

NAME OF CUSTOMER:

COMPANY / ADDRESS:

CONTACT NO.(S):

ISSUES/CONCERNS:

By _____ Signature Over Printed Name _____ Date _____

CUSTOMER COMPLAINT MONITORING REPORT

Action Taken	Date	Name	Remarks
Complaint acknowledged from complainant			
Complaint assessment			
Investigation of Complaint			
Resolution of Complaint			
Information to Complainant			
Corrective actions			
Corrective actions verified			
Complaint closed			

Noted by:



ARD for _____