

## CUSTOMER COMPLAINT FORM

CUSTOMER INFORMATION	
Customer Name:	Customer Phone:
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:	

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Name of person completing this form:

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Signature