**CUSTOMER COMPLAINTS**

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| **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**