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| Customer Complaint Record | | | | |
| COMPLAINT NUMBER: | | DATE OF COMPLAINT: | | |
| CUSTOMER: | | | | |
| DESCRIPTION OF COMPLAINT: | | | | |
| COMPLAINT INVESTIGATED BY (NAME): | | | | |
| CAUSES OF COMPLAINT: | | | | |
| CORRECTIVE ACTIONS REQUIRED: | | | | |
| CUSTOMER NOTIFIED (DATE): | | | | |
| CORRECTIVE ACTIONS: | | | | |
| Date Implemented: | Implemented By: | | Confirmed Effective (Date): | |
| PROCEDURE MANUAL AMENDED (DATE): | | | | |
| NAME: | POSITION: | | | DATE: |