



Customer Complaint Form

Customer name: customer date: / /

Method of receiving the complaint:

* By Mail

* By Phone

* By Fax

* By Letter

Subject of the complaint:

.....
.....
.....

Recipient of the complaint

Name:

Sign:

Result of a study the complaint and action taken to remove the causes
of the complaint:

.....
.....
.....

The complaint authority responsible:

Name:

Sign:

Follow-up and closure of the complaint:

Replied to the complainant by: phone/fax/E-mail/interview/letter

Date: / /

The complaint authority responsible:

Name:

Sign:

☐ Does not require corrective action

☐

Need to make corrective action

Been Opened corrective action number:

by date: / /

Quality & safety manager

Name:

Sign: