**Customer Complaint Form**

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| CUSTOMER INFORMATION |
| Customer Name: | Customer Phone: |
| Customer Address: |
| Contact Name: | Contact Position: |
| Customer P.O. No.: | Invoice Number: |
| Product Number: | Product Description: |
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| 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: |  |

Signature of person completing this form