

COMPLAINT FORM

	DATE:
NAME: _____ ADDRESS: _____ TEL.: _____ FAX: _____ PERSON IN CHARGE: _____	RELEVANT DOCUMENTS: (Attached: Fax, letters, records of telephone communications, etc.)
PROBLEM DESCRIPTION	

To be completed by the Organization

ACTION:		
RESPONSIBLE FOR IMPLEMENTATION:		DATE:
REFERENCE TO ACTION:	CORRECTIVE ACTION <input type="checkbox"/>	PREVENTIVE ACTION <input type="checkbox"/>
DIRECTOR OF MARKETING & SALES (Full name & Signature)		DATE: