



Company: \_\_\_\_\_

**CUSTOMER COMPLAINT FORM**

ISSUED TO : .....	DEPT. : .....	CCF NO. : .....
CUSTOMER : .....	LOCATION : .....	DATE : .....
<p>COMPLAINT DETAILS : (Note here or attach documented complaint)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>.....</p> <p style="text-align: center;">( Name &amp; position ) <span style="float: right;">Signature</span></p>		
<p>PROPOSED ACTION RESPONSE : ( Note here or attach documented action )</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>.....</p> <p style="text-align: center;">Name &amp; Sign. <span style="float: right;">Date : .....</span></p>		
<b>ACTION RESPONSE ACCEPTED</b>		
SIGN. : .....	SIGN. : .....	
DIVISION MANAGER	HSE & QUALITY MANAGER	
<b>CUSTOMER ACCEPTANCE</b>		
SIGN. : .....	PRINT : .....	
POSITION : .....	DATE : .....	
<b>FINAL CLOSE OUT</b>		
SIGN. : .....	SIGN. : .....	SIGN. : .....
HSE & QUALITY MANAGER	DIVISION MANAGER	MANAGEMENT