CUSTOMER COMPLAINT REGISTRATION FORM CLEANING SUPPLIES CUSTOMER COMPLAINT REGISTRATION FORM				
& MACHINERY Data Pagaiyadu	Descived By:			
Date Received: Contact:	Received By:			
Registration No:	Telephone No:			
Details of Complaint:				
Details of Investigation/Background must include date	»:			
Details of Action Program Required:	By whom	Target Date	Date Completed	
Date of Complaint Clearance by Customer:				
Complaint Area: Product Provided Service Provided Delivery Issues After Sales				
Signed off by Quality Representative:	Γ	Date:		

Document Name & Location: Document Number: QMF07 Revision Date: January 2014

Version: 1 Review Date: January 2015