



## CUSTOMER COMPLAINT REGISTRATION FORM

Date Received:	Received By:
Contact:	Telephone No:
Registration No:	

Details of Complaint:
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Details of Investigation/Background must include date:
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Details of Action Program Required:	By whom	Target Date	Date Completed

Date of Complaint Clearance by Customer:	
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Complaint Area:  <input type="checkbox"/> Product Provided <input type="checkbox"/> Service Provided <input type="checkbox"/> Delivery Issues <input type="checkbox"/> After Sales   Signed off by Quality Representative: _____ Date: _____
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