



CUSTOMER COMPLAINT REPORT

COMPLAINT # _____

DATE: _____

Account # _____		Customer Name _____	
Location: City _____		State _____	Zip _____
Phone: _____			
Part # _____	Lot # _____	Quantity _____	
Part # _____	Lot # _____	Quantity _____	
Request follow-up with Customer? Yes ___ No ___		Submitted By: _____	
Product or Samples Being Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No		RA# _____	
Request: <input type="checkbox"/> Credit <input type="checkbox"/> Replacement			

PROBLEM DESCRIPTION: _____

----- For Use by Quality Assurance -----

CORRECTIVE / PREVENTIVE ACTION
Samples Studied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Evaluator: _____
Evaluation: _____ _____
MDR Review Required? ___ Yes ___ No MDR No. _____
Root Cause of Problem: _____ _____
Corrective Action: _____ _____ _____

Product Category _____	Defect Code _____
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DISPOSITION:
Credit Issued: _____ RA# _____ Product Replaced: _____ Date: _____
Customer Notified: (phone, mail) _____ Sales Rep Notified: (phone, mail) _____
Submitted By: _____ Date: _____

Authorization:
Name: _____ Date: _____