CUSTOMER COMPLAINT FORM

**Data Collection**

|  |  |
| --- | --- |
| Date of complaint: |  |
| Customer name: |  |
| Contact person: |  |
| Product description: |  |
| Art No: |  |
| Traceability code: |  |
| Production date: |  |
| Description of deviation: |  |
| Quantity: |  |
| Signature: |  |

**Actions by Tielman**

|  |  |
| --- | --- |
| Root cause investigation: |  |
| Corrective actions/Decision: |  |
| Costs: |  |
| Goods to be returned? (Y/N) |  |
| Compensation to Customer: |  |
| Follow up required? (Y/N) |  |
| Other comments: |  |
| Date and signature: |  |

**Sign Off Quality Manager**

|  |  |
| --- | --- |
| Complaint case closed (Y/N): |  |
| Place / Date / Signature: |  |