

Name of Company
Complain Report
Quality Assurance Department

Date:

**** Customer Complaint: -**

Data dated:-

Sr No	Nature of Complaint	Analysis	Action taken / Plan	Remakes

Reason of Complain

**** Raw Material Quality:-**

Sr. No.	Item Description	Vendor	Nature of Problem	Action	Remarks

**** Development :-**

Sr. No.	Description	Action	Remarks

**** Others :-**

Prepared By:

Verified By Q.A. Head
