Supplier Corrective Action Report Format			
Supplier Name:		Date:	
Ref No.:	Qty Received:	Qty Rejected:	
Detail of Non Conformity			
	Diamasikian		
	Disposition		
ReworkConcessionRe GradeRejection / Scrap)		
		Authorized Signatu	ıre
Supplier should fill the investigation and corrective action And return back the form to us.			
	And return back the fo	orm to us.	
	Investigation	1	
Corrective Action			
		Supplier Signatu	ıre
	FOR CUSTOMER US	ED ONLY	
Fellow up Detaile	FOR CUSTOMER USE	ED UNLY	
Follow up Details:			
Closing Details(N.C	: Closer):		
APPROVED : SIGNATURE & STAMP			