Customer Complaint Investigation

			Form No.:
Complaint Number Registered: {	}	Date of Complaint: {	}
Complained by (Name of Customer):			
Contact Person:	Contac	t Details :	
Complaint Details			
Correction Actions			
Correction Actions			
Root Cause			
Corrective Action / Preventive Actions			
Product, Material, Parts Replace $/$ Repaired	/ Complaint Re	jected?	
Customer Reves for Denlage / Denaired / C	amplaint Daigat?		
Customer Agree for Replace / Repaired / Co	mpiaint Reject:		
What Customer Opinion:			
Cian 9 Ctomp if caree			
Sign & Stamp, if agree			