

# CORRECTIVE ACTION REPORT

Format No.  
Rev. No. & Date.

Date.  
Reason for Action

Customer Complaint No. \_\_\_\_\_

Concession No., if given : \_\_\_\_\_

Non Conformance Report No. \_\_\_\_\_ Date \_\_\_\_\_

Audit Report No. \_\_\_\_\_ Audit Date \_\_\_\_\_

Details of Non conformance

Problem Cause

Immediate Action Taken

Present Status

Target

Improvement

Document Change

Complete Note

Complete Date

Verified by