Format No.:

Customer Complain No.	Customer Name	Contacts
Date of Complain	Type of complain	Job Details
-		
	Complain type	Part / Material Identity
Corrective (Immediate) Actions Taken		
	Type of Fault	
1. WORKMANSHIP ()	
2. MATERIAL (3. SYSTEM ()	
4.OTHER ()	
Details of complain		
Actions Token		
Impacts		
Verified By:		