

CUSTOMER COMPLAINT AND SATISFACTION INSPECTION CHECKLIST

Audit No. _____ Audit Date _____

Audit Department _____ / Area _____

Auditee(s)

1. _____
2. _____
3. _____
4. _____

Auditor(s)

1. _____
2. _____
3. _____
4. _____

Checklist

#	Process	Requirements	Observation	Comply Yes / No	Target date, If "No."

Audit was performed on date(s) _____ &
There where _____ non-conformance(s) is / are identified.

All Non-conformances are completed.

Sign of Lead auditor _____ Sign _____