



FORMAT NO.

I.C.C.F #

REV. NO.

REV. DATE.

DATE:

INITIAL CUSTOMER COMPLAINT FORM

COMPANY NAME

Site Details | Address

Received By : _____ Date: _____

Designation: _____ Contact No. : _____

Nature of Complaint

Contact Name: _____

Designation: _____

Contacts: + _____ / _____

Cell No. : _____ / _____

PRODUCT DETAIL

Complaint Received
Through

Initial Identified

- Technical Issue
- Packing Issue
- Quality Issue
- Others...

Specify....

Complaint Forwarded to:

Internal Complaint Received by

Initial complaint Prepared by