

Customer Complaint Record

Record No. (/ /)

Customer Name: Customer Ref. No.:

Address: Date:

Concerned Dept./Centre:..... Division:

Laboratory/Unit:

Received by: Date:

Summary of Complaint:

.....
.....
.....

Initial investigation by:

a. b. c.

Complaint Classified As:

Major [] Minor [] Customer is not right []

Action for Minor Complaint:

.....
.....
.....

Committee for investigating Major Complaint:

1.
2.
3.

Committee Recommendation:

.....
.....
.....

Signature of Committee Members:

a. b. c.

Corrective Action Report No.:

RSS Correspondence to Client Complaint:

Ref. No.: Date:

This record is to be considered in Management Review Meeting No. ()

Quality Officer:

Director:

Date:

Date: