**F23-1**

# CUSTOMER COMPLAINT/REQUEST FORM

| **CUSTOMER COMPLAINT/REQUEST NO** | |
|---|---|

## 1) CUSTOMER COMPLAINT/REQUEST RECEIVED:

Complaint/Request Submitted By: Phone Number or Address:
Complaint/Request Received By: Approved By: Date**:**

| **2) PLANNED CORRECTIVE ACTION:** *(This section will be completed by the Department Manager responsible for the activity and approved by the Quality Manager)* | **Person in charge** | **Date** |
|---|---|---|
| | | |

**Planner:** **Quality Manager:**

## 3) VERIFICATION OF ACTIVITIES *(This section will be completed by the Quality Manager)*

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|---|---|
| | Planned activities were completed on time and effectively. |
| | Planned activities were not completed on time, an extension was granted. New Date: |
| | Activities were completed at the end of the extension period. |

**Notes:**

**Conforming:** **Approved By:**

## 4) CONCLUSION

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| | The complaint/request has been closed with customer satisfaction achieved. |
| | The complaint/request has been closed, but customer satisfaction has not been achieved. Notes: |

**Notes:**

**Quality Manager:**