



TITLE : CUSTOMER COMPLAINTS OR COMPLIMENTS FORM

EFFECTIVE DATE : JUNE 2015

REVIEWED DATE: 2020.06.03

VERSION: 4

PREPARED BY : QC MANAGER

REVIEWED BY: TECHNICAL MANAGER

APPROVED BY: TECHNICAL MANAGER

Complaint Compliment Reference Number: _____

- For product related complaints please complete section A, B and C
- For service delivery complaints please complete section B and D
- For compliments please complete section B

GENERAL

Company name:

Date:

Name:

Designation:

Telephone number:

Email address:

Nature of complaint/ compliment:

Product (Please refer to Section C for more options)

Service delivery (Please refer to Section D for more options)

Do you wish to return the product? Yes No

If yes please refer to the returns policy POL 22.4

SECTION A

Product description:		Invoice number:	
Production date:		Receipt date:	
Traceability code or serial number			

SECTION B

Details of complaint or compliment: (A short description of the complaint, you can use Section C or D for a full description)

**TITLE : CUSTOMER COMPLAINTS OR COMPLIMENTS FORM****EFFECTIVE DATE : JUNE 2015****REVIEWED DATE: 2020.06.03****VERSION: 4****PREPARED BY : QC MANAGER****REVIEWED BY: TECHNICAL MANAGER****APPROVED BY: TECHNICAL MANAGER****SECTION C** (please supply picture of product)

PRODUCT OUT OF SPEC	PRODUCT TOUGH	PRODUCT INCORRECTLY LABELLED
PRODUCT UNDERWEIGHT / OVERWEIGHT	ABSCESS	SERVICE DELIVERY
FOREIGN BODY CONTAMINATION	PRODUCT TOO FATTY	OTHER
DEFECTIVE PACKAGING	BAD ODOUR	

SECTION D

PRODUCT TEMPERATURE (PLEASE SPECIFY TEMP):		
DELIVERY PERSONNEL:		
PPE NOT CLEAN (PLEASE SPECIFY UNDER SECTOPM B)	JEWELRY	BEHAVIOUR(PLEASE SPECIFY UNDER SECTOPM B)
PRODUCT INCORRECTLY PACKED		

Investigation and corrective action: