This form is referenced by *SOP-006 Complaints And Customer Satisfaction*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complaint Details | | Complaint Number: | | |
| Date Complaint Received: | | Received By: | | |
| Company Name and Address: | | | | |
| Contact Person: | | | Phone: | |
| Email: | | | Fax: | |
| Product Name/Description: | | | | |
| Description of Complaint: | | | | |
| Complaint Category: | ❑ Product Complaint | | | ❑ General Complaint |
| Has the Product Been Returned? | ❑ Yes. Location: | | | ❑ No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Investigation | | | | |
| Describe the investigation including any justification for actions. | | | | |
| Close out | | | | |
| Describe the conclusions of the investigation. | | | | |
| Associated CAPA: | | Complainant Notified: | ❑ Yes | ❑ No |
| Associated Records and Communication Attached to this Form: | | | ❑ Yes | ❑ No |
| Executive Management Notified: | | | ❑ Yes | ❑ No |
| Sales Manager: | Signature: | | Date: | |

**-------------DOCUMENT END-------------**