



Company Name: \_\_\_\_\_

Location: \_\_\_\_\_

Contact: \_\_\_\_\_ Shift: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sales Representative: \_\_\_\_\_

Complaint Date / Time \_\_\_\_\_ Occurrence Date / Time \_\_\_\_\_

Response Date / Time: \_\_\_\_\_ Response Receipt: \_\_\_\_\_

Concern:

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> NO CALL WITH INFORMATION | <input type="checkbox"/> P/U TIME  |
| <input type="checkbox"/> EQUIPMENT                | <input type="checkbox"/> FOLLOW-UP |
| <input type="checkbox"/> DELIVERY TIME            | <input type="checkbox"/> BILLING   |
| <input type="checkbox"/> PROFESSIONALISM          | <input type="checkbox"/> OTHER     |

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FOLLOW UP ACTIONS – Office Use Only

Follow Up Coordinated By: \_\_\_\_\_ Title: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Concern Review Date: \_\_\_\_\_ Time: \_\_\_\_\_

Violation of Procedure: \_\_\_\_\_

Root Cause: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_