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-------------**