**Client Complaint Form**

|  |  |
| --- | --- |
|  | **Client Information**  |
|  Client Name:  |   |  Client Phone:  |   |
|  Client Address:  |   |
|  Contact Name:  |   |  Contact Position:  |   |
|  Invoice Number:  |   |  Product Number:  |   |
|  Product Description:  |   |

|  |
| --- |
| **Complaint Information**  |
| Complaint Date:  |   |  Complaint Taken By:  |   |
|  Complaint Details:  |
|  First Response Corrective Action:  |
|  Suspected Cause:  |
|  Corrective Action Person(s):  |
|  Corrective Action Follow-up:  |
|  What steps should be considered to avoid a repeat of the problem:  |

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

 Signature Date