**Client Complaint Form**

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

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| **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: | | | |

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Signature Date