**Customer Compliant**

C.C: Managing Director

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| Date of receiving the complaint: | Contact Person: | Customer Name: |

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| Telephone | Manual delivery | Written message  | Telephone  | Fax | Connection type  |

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| Details of complaint: ………………………………………………………………………………... ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................Attachments: …………………………………………………………………………………………………………………………………………………………………………………………………. The complaint has been transferred to the management……………………………………………..………………….................................................................... For examination and study and reportName: ………………….. (Quality Manager) Signature: …………….. Date: / / |

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| Corrective action: ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................Director concerned: …………………... Signature: …………………... Date: / /  |

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| Completion date of the complaint: ............................... Been informed of the client corrective action taken: ....................................The client’s opinion in the quality of service performed:Excellent Good Fair Poor Would you like to deal with our company in the future: No Yes  Reasons if the answer no………………………………………………Would you recommend our company to work with others: No Yes  Reasons if the answer no………………………………………………Signature ..................................... Quality Manager…………………… Date: / / |
| Note: the client is informed of the receipt of the complaint within 24 hours of receipt, as the answer to the client the results once you take corrective action to them. |