**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 report  Name: ………………….. (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. |