|  |  |  |
| --- | --- | --- |
| **Tracking Code:** | **Customer Complaint Form** | **Logo (Times New Roman).png** |
| **Date:** |
|  |
| Name/Company: | 1. **Customer Part**
 |
| Other (mention issue) 🞎 | Service Buyer 🞎 | Product Buyers 🞎 | Customer Type: |
| Address:  |
| Postal Code:  |  |
| Cell phone: | Tel: |
| E-mail: | Fax: |
| Customer Representative (if any): |
| 1. **Complaint Related Unit**
 |
| Quality Control 🞎 | Sale 🞎 | Purchase 🞎 | Financial 🞎 | Senior Management 🞎 |
| Supplies 🞎 | Preventive Maintenance 🞎  | Education 🞎 | Personnel 🞎 | Production 🞎 |
| Other (mention issue) 🞎 | Security 🞎 | Storehouse 🞎 |
| 1. **Received Product / Service:**
 |
| 1. **Problem Thematic Classification**
 |
| Inappropriate Employee Behavior 🞎 | Product/Service Price 🞎 | Delayed service/Product Delivery 🞎 | Product Quality/Service 🞎 |
| Additional fees 🞎 | Contract Conditions 🞎 | Noncompliance ordered product / service 🞎 |
| Other (mention issue) 🞎 |
| 1. **Inconvenience**
 |
| Time: | Date: |
| 1. **Cause of complaint**
 |
|  |
| 1. **Customer Solution**
 |
| Description of the proposed solution (if any): |
|  |
| Date, Name &Commerce Expert/Customer | Further Details: |

 FR024/01

Distribute copies: 1. management Representative, 2. Commerce, 3. Related Units