

Customer Feedback Form

Customer Information			
Customer Name:		Customer Phone:	
Customer Address:			
Contact Name:		Contact Position:	
Invoice Number:		Product/Lot Number:	
Product Description:			

Complaint Information			
Issue Date:		Issue Taken By:	
Issue Details:			
First Response Corrective Action:			
Suspected Reason(s):			
Corrective Action Assignee(s):			
Corrective Action Follow-up:			
What steps should be considered to avoid a repeat of the issue:			

Name of Employee
Completing the Form

Signature

Date

Name of Supervisor
Validating the Form

Supervisor Signature

Date