



SEC-12H v1.0_01.04.2015

COMPLAINT FORM

Complaint No:

CUSTOMER (including name of representative) :		
PROJECT (transit):		
Address:		Area Code:
Tel:	FAX:	e-mail:

COMPLAINT DESCRIPTION (details of communication to be included) :

Date :		Completed by :
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INVESTIGATION (please conclude if valid and refer to any related evidence):

Date :	Completed by :
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PROPOSED ACTIONS (immediate and any further actions – customer communication evidence to be attached):

Date :	Completed by :	Approved by:
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REQUIRED CORRECTIVE ACTION (please refer to according QSMS Form):

YES (No:) NO

Date :	Completed by :
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