

Customer Complaints Registration Form

Complaint:		
No.:	Client:	Genuine Reason: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of receipt:	Project:	NC Report No.:

Summary of complaint:	
	References:

Nature of failure:

Apparent cause::

Consequences:

Investigated:		
by:	Date out:	Date returned:

Results of investigation:

Action taken:

Client contacted:		Close-out:
by:	Program Manager:	
Date:	Date:	

Note: It is the responsibility of the person investigating a complaint to complete this registration form and submit together with associated correspondence to the relevant product line manager.