

## CUSTOMER COMPLAINT RECORD

DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_

PHONE NUMBER and LOCATION: \_\_\_\_\_

## COMPLAINT DESCRIPTION

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## ORIGINAL WORK ORDER

ORIGINAL WORK ORDER: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

Description of Original Request: \_\_\_\_\_

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## CORRECTIVE ACTION

ACTION REQUIRED: Y / N

REWORK ASSIGNED: \_\_\_\_\_

ACTIONS TO RESOLVE DEFECT: \_\_\_\_\_

ACTIONS TO PREVENT RECURRENCE: \_\_\_\_\_

ACTION COMPLETED: Y / N

VERIFIED BY: \_\_\_\_\_

## ATTACHMENTS

COPIES - ORIGINAL WORK REQUEST

FOLLOW-UP OF QUALITY OF SERVICE SURVEY