

APPENDIX P
CLIENT COMPLAINT

CLIENT COMPLAINT NUMBER:

COMPLAINT DETAILS

CLIENT	ORDER NUMBER:
CONTACT PERSON:	
DESCRIPTION: COMPLAINT:	
<p>.....</p> <p>.....</p> <p>.....</p>	
RECEIVED BY:	DATE:

INVESTIGATION RESULTS

VALIDITY OF COMPLAINT:		
<p>.....</p> <p>.....</p> <p>.....</p>		
ROOT CAUSE:		
<p>.....</p> <p>.....</p>		
DEFECT INVESTIGATION REPORT NUMBER:	CORRECTIVE ACTION REQUEST NUMBER:	
PROPOSED REMEDY TO SATISFY CLIENT:		
<p>.....</p> QC REPRESENTATIVE	<p>.....</p> DATE	<p>.....</p> MARKETING / CONTRACTS