

**CUSTOMER COMPLAINT RECORD**

For use of this form, see DA PAM 5-20; the proponent agency is ACSIM.

DATE OF COMPLAINT

TIME OF COMPLAINT

ORGANIZATION

SOURCE OF COMPLAINT

INDIVIDUAL

NATURE OF COMPLAINT

CONTRACT REFERENCE

VALIDATION

DATE CONTRACTOR INFORMED COMPLAINT  
*(Responsible officer)*

TIME CONTRACTOR INFORMED OF COMPLAINT  
*(Responsible officer)*

ACTION TAKEN BY CONTRACTOR *(Responsible officer)*

RECEIVED AND VALIDATED BY

NOTE: (  ) Used for in-house operation.