



## CUSTOMER COMPLAINT FORM

no.

<b>Customer Name:</b> <b>Ref. Bill of lading # / Purchase Order :</b> <b>Sales Representative:</b> <b>Date filed:</b>	<b>Product Name:</b> <b>Lot Number:</b> <b>Shipping Facility:</b> SNF INC. <input type="checkbox"/> SNF CANADA <input type="checkbox"/> <b>Quantity shipped:</b>
<b>DESCRIPTION OF PROBLEM</b> <i>(include as much information as possible):</i>	
<b>CATEGORY:</b> <input type="checkbox"/> Product <input type="checkbox"/> Documentation <input type="checkbox"/> Packaging <input type="checkbox"/> Delivery <input type="checkbox"/> Equipment <input type="checkbox"/> Other	<b>Personnel involved in resolution of complaint:</b>
<b>INVESTIGATION</b> <i>(possible causes) :</i> Complaint is : Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/>	
<b>CORRECTIVE ACTION TAKEN</b> <i>(short term &amp; long term to prevent reoccurrence):</i>	
<b>ACTION FOLLOW UP:</b>	

Technical Sales Rep. : \_\_\_\_\_ Date : \_\_\_\_\_

Durée d'archivage : 5 ans	Lieu d'archivage : Classeur qualité	
SYSTÈME QUALITÉ	DATE : 15/01/08	APPROBATION :
RÉF. : S.Q-121	RÉVISION : 05	PAGE 1/1