

# CUSTOMER COMPLAINT FORM



<b>CUSTOMER NAME:</b>		<b>DATE OF COMPLAINT:</b>	
<b>PO#:</b>		<b>DATE MATERIAL REC:</b>	
<b>LAMITECH ORDER #:</b>		<b>SALES PERSON:</b>	
<b>FREIGHT CARRIER:</b>			
<b><u>CATEGORY OF COMPLAINT</u></b>			
FREIGHT QUALITY DELAMINATION INCORRECT CUT SIZE OTHER:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>IF OTHER PLEASE EXPLAIN:</b>	
<b>CUSTOMER COMPLAINT:</b> PLEASE PROVIDE ALL DETAILS AND PHOTO'S IF POSSIBLE			
<b>↓ LAMITECH INTERNAL USE ONLY ↓</b>			
<b>ROOT CAUSE ANALYSIS:</b>			
<b>CORRECTIVE ACTION:</b>			
PROPOSED TIME FRAME FOR ACTION:			
ACTION COMPLETION DATE:			
<b>COMMENTS OR NOTES:</b>			
<b>AUDIT &amp; CLOSE OUT:</b>		CORRECTIVE / PREVENTIVE ACTION (SELECT ONE):  EFFECTIVE                          INEFFECTIVE	
<b>AUDITOR SIGN OFF:</b>		DATE:	

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