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| **untitled**  | **Customer Complaints Registry Form** | **Complaint Code:****Date:**  |
| Sure Name/Name (Optional): |
|  Complaint Subject:Product Quality personnel Behavior Compliant Handling ProcessDelivery Time Other Cases Bag Material  |
| Purchased Product: |
| Date & Purchase Order No |
| Problem Creation Date: |
| Full Complaint Description: |
| Appeal Recovery (In Case Of Existence): |
| Requisition Date For Answerability: |
| Requisite Urgent Action : |
| Explanations: |
| Tell us about person who behave improper with you (In case of existence): |
| Complaint Recipient Name: |

Kindly, If you have other useful information that help us to improve our complaint handling process attach with this form

Form Code : FR 13 30 01