VERBAL COMPLAINT FORM

Name of the Reporting Person: _____

Name of the Organization: _____

Designation of the Person in the Organization: _____

Phone No: _____ Fax No. _____

Objections/Problems:

_____

_____

Date: _____

Complaint #_____

Reasons/Root Cause:

Target Date: _____

Signature:_____ Signature: _____

Corrective Action taken:

Corrective action follow-up person: Date:

Signature_____

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