

Ionizing Radiation Division		IRD-G-04
COMPLAINT FORM		

CUSTOMER COMPLAINT REPORT

COMPLAINT:

CUSTOMER

CUSTOMER ADDRESS

CUSTOMER CONTACT PERSON

PHONE

FAX

E-MAIL

RECEIVED BY

DATE

COMPLAINT DESCRIPTION:

ROOT CAUSE:

INVESTIGATED BY

DATE

CORRECTIVE ACTION OR RESPONSE:

PREPARED BY

DATE

Reviewed by: _____ (Group Leader) Date: _____

Approved by: _____ (QS Manager) Date: _____

Customer receipt: _____ (Customer) Date: _____