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CUSTOMER COMPLAINT FORM

Name: Phone Number: Address: Where Purchased: When Purchased: Product Batch No: Product Description: COMPLAINT INFORMATION Complaint taken by: Complaint details: DISTRIBUTION OF COMPLAINT PRODUCTION DIRECTOR: Date received: Date Returned: Sign: SALES DIRECTOR: Date received: Date Returned: Sign: MANAGING DIRECTOR: Date received: Date Returned: Sign: CUSTOMER FEEDBACK AND OUTCOME Comments: Invoice Number for replacement stock: Any other customers received stock: Yes No N/A Attached List Issued instruction to collect stock: Yes No N/A Action request created Follow up with customer - New stock received: Yes No N/A If no; new complaint form Customer Happy: Yes No N/A If no, new complaint form	DATE:	REP:			NO:				
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