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| **untitled** | **Customer Complaints Registry Form** | **Complaint Code:**  **Date:** |
| Sure Name/Name (Optional): | | |
| Complaint Subject:  Product Quality personnel Behavior Compliant Handling Process  Delivery 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