



ABN 84 816 063 155  
 PO Box 151 Curtin ACT 2605  
 www.sfmca.com.au

Example Record

## CUSTOMER COMPLAINT FORM

|   |              |                         |                 |
|---|--------------|-------------------------|-----------------|
| <b>Customer Name</b>  |              |                         |                 |
| <b>Address</b>  |              |                         |                 |
| <b>Product Details</b>  |              |                         |                 |
| <b>Date Received</b>  |              | <b>Date of Issue</b>    |                 |
| <b>Received By</b>  |              | <b>Plant/Sales Rep.</b> |                 |
| <b>Seriousness</b>  | <b>Minor</b> | <b>Major</b>            | <b>Critical</b> |
| <b>Details of Complaints</b>  |              |                         |                 |
| <b>Potential Effect of Complaint</b>  |              |                         |                 |
| <b>Invoice No.</b>  |              | <b>Formulation No.</b>  |                 |
| <b>Immediate action required to correct problem and/or prevent recurrence</b> |              |                         |                 |
| <b>Responsibility</b>   |              |                         |                 |
| <b>Date required</b>  |              | <b>Signed</b>           |                 |
| <b>Complaint Resolution</b>   |              |                         |                 |
| <b>Date required</b>  |              | <b>Signed</b>           |                 |
| <b>Date finalised</b>   |              |                         |                 |
| <b>Closed Out</b>   |              | <b>Authorised</b>       |                 |



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