



PRODUCT COMPLAINT FORM

The quality of our products is of highest priority for us. We care about you and value your opinion and feedback on our products. The more complete information you provide the quicker we are able to analyse your claim and improve our products in the future. Thank you

PC NO:.....

CUSTOMER DETAILS	
NAME OF CUSTOMER OR PERSON MAKING COMPLAINT	PHONE NUMBER
EMAIL ADDRESS:	
RESIDENTIAL ADDRESS:	

PRODUCT DETAILS	
NAME OF PRODUCT:	MANUFACTURER:
	EXPIRY DATE:
DATE PRODUCT WAS PURCHASED:	BATCH NO:

COMPLAINTS DETAIL	
COMPLAINT TAKEN BY:	COMPLAINT DATE:
	PHONE NO:



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COMPLAINT DESCRIPTION

Please describe as thoroughly as possible the circumstances & issues you have with our product(s).

FOR OFFICE USE ONLY

DEPARTMENT:

CORRECTIVE AND PREVENTIVE ACTION PERSON(S):

PROPOSED ACTION TAKEN:

PREVENTIVE ACTION TAKEN:

DID CUSTOMER RETURN PRODUCT: **PLEASE TICK**
YES NO

NAME OF PERSON COMPLETING FORM:

DATE:

SIGNATURE: