**Customer Complaint Handling Form**

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| --- | --- |
| Date of complaint |  |
| Name of customer |  |
| Address |  |
| Telephone number of the complainant |  |
| Reason for complaint |  |
| Type of product |  |
| Batch no/Expiry and production |  |
| Ways of sending the Complaint | Oral/Written |
| Staff receiving the complaint |  |
| Staff handling the complaint |  |
| Corrective action taken |  |
| Response of the complainant | Not satisfactory/Satisfactory |
| Remarks |  |

**Prepared by ………………………………. Signature:­­­­­­­­ ……………………………… Date: ………………………..**

**Confirm by: …………………… Signature: ………………………………… Date: ………………**