

* <input type="checkbox"/> Complaint / <input type="checkbox"/> Request	Nr:	Date:
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Name-Surname-Company Title of Complainer / Requester:	Name-Surname-Title of Complainant / Requesting
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Way of Complaint / Request:	Verbal <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Survey <input type="checkbox"/> Others <input type="checkbox"/> (.....)
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Description of Complaint / Request:

Evaluation of complaint / request:	Acceptance of complaint / request <input type="checkbox"/>	Rejection of complaint / request <input type="checkbox"/>
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Evaluator: Quality Team	Action to be done: Deadline:
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Name-Surname-Title of Performer(s): Date:	Actions:
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This Section will be filled by Quality Team.

Results to be notified to complainant:

This Section will be filled by Quality Team.

Are the activities enough? Yes No

No Corrective Action Required. <input type="checkbox"/>	Corrective Action Required. <input type="checkbox"/>	CA Nr:
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Informing the customer / staff was made on

Approval of Complaint Closing

Quality Team

Date - Signature