

Work Quality Improvement Form

Customer Name :		Date of Complaint :	
Complaint No. :		Name of Complainant :	
Product Detail			
Product Description :			
Product Code :			
Quantity :			
Delivery Date :			
Other Remark :			

Complaint Details (Please tick the following options)	
Type of Defect :	<input type="checkbox"/> Damage Packaging <input type="checkbox"/> Damaged Goods <input type="checkbox"/> Adverse Produce <input type="checkbox"/> Other
Servicing Department :	<input type="checkbox"/> Sales <input type="checkbox"/> Market <input type="checkbox"/> Purchasing <input type="checkbox"/> Engineering <input type="checkbox"/> Finance
Description :	
Investigation Procedures and Results :	
Recommended Measures :	
Measures Implementation Date:	

Customer acknowledgement : _____ Date : _____	Complainant Acknowledgement : _____ Date : _____
Respondent Anknowlegdement : _____ Date : _____	Manager acknowledgement : _____ Date : _____