

FLUID POWER TM

GROUP OF COMPANIES

Valve Technologies

CUSTOMER COMPLAINTS FORM

CUSTOMER COMPLAINT FORM

WRITTEN COMPLAINT DOCUMENT DETAILS

File/Ref Number:

CUSTOMER INFORMATION

Company Name:

Name & Surname:

Position:

Contact Number:

Email Address:

Invoice Number *(if applicable)*:

COMPLAINT INFORMATION

Date:

Subject of the Complaint:

Summary of Complaint:

Proposed Actions:

As a result of making this complaint, is there any outcome you would like?

Please provide details.

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Customer Signature:	

FOR OFFICE USE:	
Complaint Taken By:	
Suspected Cause:	
Results of Investigation:	
What steps should be considered to avoid a repeat of the problem?	
Corrective Actions Taken:	
Signature:	
Date:	

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CUSTOMER COMPLAINTS FORM

CORRECTIVE ACTION FOLLOW-UP

Date:

Feedback:

Signature:
