

## Customer Inquiry / Complaint

Not for general inquiries only those affecting the quality of the work performed or the satisfaction of the customer.

Person making complaint/inquiry	
Agency they represent	
Contact information (phone number or email)	
Date	
Information taken by	

Notes: (describe inquiry/complaint and interaction):

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Attach documentation if needed.

Was the matter resolved during the conversation? Y / N  
If yes how? If no explain how the matter was left.

Follow up: form forwarded to: \_\_\_\_\_ date: \_\_\_\_\_  
Review/comments:

### Quality Section Review:

- ☐ Complaint reviewed no follow up needed. ☐ Complaint reviewed follow up needed, not QAR  
☐ Complaint reviewed QAR needed. QAR ID: \_\_\_\_\_

Quality Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

This form to be filed with the Quality Section with related follow-up documentation.