

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)	
Date	
Information taken by	

Notes: (describe inquiry/complaint and interaction):

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

Follow up:

Form given to: _____ date: _____

Review/comments: (consider how complaint/inquiry affects all aspects of work? does the matter bring additional issues to light?)

Quality Section Representative Director Review:

☐ Complaint reviewed no follow up needed.

☐ Complaint reviewed follow up needed, not QAR

☐ Complaint reviewed QAR needed. Note QAR Number: _____

Notes (if needed):

Quality Manager (QM or AQM): _____ Date: _____

Director: _____ Date: _____