COMPLAINT INVESTIGATION

Complaint Number: __________ Date of Complaint: ________________

How did you become aware of the problem (e.g. customer complaint)?

________________________________________________________________________

What is the source of the problem (e.g. human error or equipment breakdown)?

________________________________________________________________________

Other Affected Products?

Product Name: ____________________________ Size: __________________
Code on Package: ________________________ UPC: __________________

Product Name: ____________________________ Size: __________________
Code on Package: ________________________ UPC: __________________

Product Name: ____________________________ Size: __________________
Code on Package: ________________________ UPC: __________________

Corrective Actions Taken:

________________________________________________________________________

Contacted Manufacturer (If Applicable):

Company Name: ________________________ Spoke With: ________________________
Date: _______________ Time Reported: _______________ am □ pm □

Contacted Regulatory Agency:

Agency Name: ________________________ Agency Phone: ________________________
Spoke With: ________________________
Date: _______________ Time Reported: _______________ am □ pm □

Completed By: ________________________ Date: ______ Time: ______ am □ pm □
Reviewed By Member of Management Team: □ Date: ______ Time: ______ am □ pm □