



SSAD-F-CC-2
Effectivity: 01 July 2016

CCF No. _____

CUSTOMER COMPLAINT FORM

CUSTOMER INFORMATION:

Customer Name: _____ Date: _____
Customer Telephone and Fax Number: _____
Customer Address: _____
Contact Name & Position: _____

A. COMPLAINT DETAILS:

Complaint taken by: _____ Date: _____
Printed Name & Signature

B. IMMEDIATE RESPONSE / ACTION GIVEN TO CUSTOMER:

Given by: _____ Date: _____
Printed Name & Signature

C. RESULTS OF VERIFICATION OF THE COMPLAINT:

Conducted by: _____ Date: _____
Printed Name & Signature

D. RECOMMENDATION:

Proposed Solution by: _____ Date: _____
Printed Name & Signature

Approved by: _____ Date: _____
Printed Name & Signature