

Customer Complaint Form (CCF)

Received by:	Date:
Customer contact:	Phone number:
Customer:	Reference:
Assigned to:	Date:

Customer Concern or Issue (check all that apply)

Service problem	Shipment late or early	Packaging problem	Incorrect quantity
Product incorrect or not available	Shipment damaged	Preservation problem	Incorrect price
Nonconforming product	Carrier problem	Identification problem	Incorrect, late or missing paperwork
Other product performance issue:	Other shipping performance issue:	Other protection / identification issue:	Other incorrect data:

Details:

Bottom Section to be Completed by Company Personnel

Immediate Action Taken			
Date Proposed:		Date Accepted:	
Pertinent Info:		Rejection info (if applicable):	
Delayed Action Taken			
Referred to:		Date Referred:	
Date Proposed:		Date Accepted:	
Pertinent Info:		Rejection info (if applicable):	
Close Out Data			
CPAR Number (if applicable):		Close Out:	
Remarks:		Date:	