

CUSTOMER COMPLAINT FORM

A- TO BE COMPLETED BY THE COMPLAINING PARTY

Company Name :	Date:
Address :	Signature :
Tel / Fax / E-mail :	Company Stamp
Authorized Representative :	
Title / Position :	

	Subject of Complaint	Service Date	Certificate No.
1			
2			
3			
4			
5			

B- TO BE COMPLETED BY SIGMA CALIBRATION LABORATORY

Reviewing Personnel	
Name	Result

Action to Be Taken as a Result of the Review ☐ Fix ☐ Corrective Action ☐ Preventive Action	
Laboratory Manager Approval:	Date: