

**CUSTOMERS COMPLAINTS OBSERVATION FORM**

<b>A/A</b>	<b>CUSTOMER</b>	<b>DATE</b>
<b>1. DESCRIPTION OF THE PROBLEM</b>		
<b>2. CAUSE OF THE PROBLEM</b>		
<b>TO WHOM THE RESPONSIBILITY IS:</b>		
<b>THE .....</b>	<b>THE .....</b>	<b>THE .....</b>
<b>3. HOW TO DEAL WITH THE PROBLEM</b>		
<b>THE MANAGER OF THE IMPLEMENTATION</b>		
.....		
<b>4. HAS A SIMILAR PROMBLEM BEEN CAUSED BY ANY OTHER CUSTOMERS ?</b>		
<b>WERE THE NECESSARY CORRECTIONS MADE      YES <input type="checkbox"/>      NO <input type="checkbox"/></b>		
A/A E 803-1.....		
<b>THE QUALITY MANAGER.....</b>		
<b>DATE.....</b>		