

HEXATECH	<b>Customer Complaint Form (CCF)</b>	Issue No.: 1	Document Effective Date: 01 Mar 2017	Page 1 of 1
Date:		Revision No.: 0		Document Ref: QSA-REC-CCF

**PART 1 - INFORMATION AND CUSTOMER COMPLAINT STATEMENT BY ORIGINATOR**

Department / Function / Project Involved:	Required Completion Date:	CCF No:
Name & Designation of Customer Making Complaint:	ISO Clause / Document Ref. / Method Statement Ref. No.:	
Customer Complaint Statement on Non-conformities / Potential Non-conformities:		
Originator Name & Signature & Date:	Next Recipient Name & Signature & Date:	

**PART 2 - CORRECTIVE ACTION BY MANAGER IN CHARGE**

Reviewing Non-Conformance (specify how the non-conformance really happened):	Determining the causes of Non-Conformance:	
Evaluating the need for corrective action to ensure that the non-conformities do not occur again:	Implement corrective action needed:	Record the result of corrective action taken:
Department Manager Name & Signature & Date:	Next Recipient Name & Signature & Date:	

**PART 3 - VERIFICATION BY ORIGINATOR**

I had checked and verified that the above remedial and corrective action(s) had been carried out:
Originator Name & Signature & Date:
Next Recipient Name & Signature & Date:

**PART 4 - ACKNOWLEDGEMENT BY CUSTOMER**

Customer's comments:
Customer's Name & Signature & Date:
Next Recipient Name & Signature & Date:

**PART 5 - REVIEW BY ISO MANAGER (IM) & CLOSING BY MANAGING DIRECTOR (MD)**

Is Referral Required: * YES / NO	NCR Referred to:	Referral Date:	NCR Closure Date:
Occurrence frequency & state whether further follow up action is required by IM:	Risk & opportunities assessment by IM:	Closing comments (if any) by MD:	
IM Name & Signature & Date:	MD Name & Signature & Date:	For Statistical Compilation & Filing: QSAE Name & Signature & Date:	