



Tracking #: 2014 - ____

Customer Complaint Form

Date: _____ Time Complaint Received: _____ AM PM

Company Name: _____

Contact Name: _____

Telephone: _____ Fax: _____ Email: _____

Sample/LIMS Reference #: _____

Nature of the Complaint: _____

Complaint given to: _____ for Action. Date: _____ Time: ____ AM PM

Action Taken: _____

Action completed by: _____ Date: _____

Print Name

Signature

Customer Informed of action taken: Yes ____ No ____

Upon completion, please return this form to Customer Service