



Customer Complaint Form

Date: _____ Time Complaint Received: _____ **AIVO PIVO**

Company Name: _____

Contact Name: _____

Telephone: _____ Fax: _____ Email: _____

Sample/LIMS Reference #: _____

Nature of the Complaint:

Complaint given to: _____ for Action. Date: _____ Time: ____ **AIVD pwa**

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