

Customer Complaint Form

To complete the form fill out all fields and email it to info@mitrex.com. Someone from Mitrex team will get back to you within 2 business days

● Customer Information

Customer Name	<input type="text"/>	Customer Phone	<input type="text"/>
Customer Address	<input type="text"/>		
Contact Name	<input type="text"/>	Contact Position	<input type="text"/>
Customer PO No.	<input type="text"/>	Invoice No.	<input type="text"/>
Product No.	<input type="text"/>	Product Quality	<input type="text"/>
Product Description	<input type="text"/>		

● Complaint Information

Complaint Date	<input type="text"/>	Complaint Taken By	<input type="text"/>
Complaint Details	<input type="text"/>		
Corrective Actions	<input type="text"/>		
Suspected Cause	<input type="text"/>		
Key Person For Corrective Actions	<input type="text"/>		
Corrective Actions Follow Up	<input type="text"/>		
Remediation Date	<input type="text"/>		

Name Of Person Completing Form

Signature