

## Customer Complaint Report

<b>Customer</b>			
<b>Item / SKU</b>			
<b>Transaction Number</b>			
<b>Complaint Type</b>	Food Safety <input type="checkbox"/>	Mis-delivery <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Department / Billing</b>			
<b>Complaint</b>			
<b>Investigative Actions</b>			

<b>Corrective Action Plan (CAP)</b>	
<b>Monitoring Process</b>	
<b>CAP Date Initiated</b>	
<b>Initiated by (print)</b>	
<b>Signature</b>	

## Six-Month Corrective Action Plan Review

<b>CAP Review Date</b>	
<b>Reviewed by (print)</b>	
<b>Signature</b>	