

Customer Complaint Report

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

Corrective Action Plan (CAP)	
Monitoring Process	
CAP Date Initiated	
Initiated by (print)	
Signature	

Six-Month Corrective Action Plan Review

CAP Review Date	
Reviewed by (print)	
Signature	