



CUSTOMER FEEDBACK OR COMPLAINT

COMPLETE SECTION 1 AND FORWARD TO THERMA QA/QC MANAGER
AS SOON AS POSSIBLE PLEASE BE THOROUGH AND DETAILED

CFC NO. _____

OFFICE USE ONLY

*****SECTION 1*****

Job Name _____ Therma Job # _____ Date _____

Caller Name _____ Title/Co. _____ Phone _____

Relation To _____

Customer _____ E-mail _____ Fax _____

Customer

Name _____ Contact _____ Phone _____

Note _____ E-mail _____ Fax _____

Address _____

Details of Call or Report _____ Received By _____ Date _____

*****SECTION 2 (To Be Completed By QA/QC)*****

Immediate Response

Further Response to Customer Required? _____ What? _____

Action Taken OFFICE USE ONLY

Action By _____ Date Complete _____ Notes _____

Copies To : On Date _____ President _____ Operations Manager _____ Project Mgr _____