



GEOTECHNICAL GROUP

COMPLAINTS REPORT

Customer	:		Report No.	:	
Complaint Date	:		Ref.Doc.No	:	
Received By	:		Date	:	
Copy To:	:		Made By	:	

Nature of Complaint:

Investigation:

Name	:		Phone No.	:	
Position	:		Time	:	

Corrective Action:

Date:	Designation:	Signature:
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Preventive Action:

Date:	Designation:	Signature:
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Review of Corrective Action by Quality Manager:

Date Closed:	Signature:
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