



**RIF Quality Assurance Program
Resolving Issues Fast**

Product Complaint Form

Customer Information

| |
|---------------|
| Date: |
| Sales Rep: |
| Completed By: |
| Customer: |
| Contact: |
| Tel #: |
| Address: |

Product Information

| |
|-------------------------|
| Product Description: |
| Product Code: |
| Production Code: |
| Date Code: |
| Quantity Involved: |

| |
|--------------------|
| Issue / Complaint: |
|--------------------|

| |
|-------------------|
| Action Requested: |
|-------------------|

| | |
|-------------------------|-------|
| Buyer receiving report: | Date: |
| Action Taken: | |

| | |
|----------------------------|-------|
| Person(s) Vendor Contacted | Date: |
| Resolve: | |