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| **Customer Complaint Handling Form** |
| **Date\*：** |
| **Filled By\*** |  | **Department\*** |  |
| **Job Title** |  | **Department Manager\*** |  |
| **Complaint** |
| **Complaint Date\*** |  |
| **Company Name\*** |  |
| **Contact Person\*** |  | **Job Title** |  |
| **Contact Phone\*** |  | **Email** |  |
| **Complaint Type\*** |  |
| **Product Name\*** |  | **Quantity\*** |  |
| **Complaint Details\*** |  |
| **Customer's Request\*** |  |
| **Temporary Handling Method\*** |  |
| **Responsible Unit** |
| **Person In Charge\*** |  | **Job Title** |  |
| **Department\*** |  | **Manager\*** |  |
| **Acceptance Date\*** |  |
| **Complaint Type Confirmation\*** |  |
| **Severity Level\*** |  |
| **Cause Analysis\*** |  |
| **Improvement Measures\*** |  |
| **Related Department Feedback** |
| **No.** | **Department** | **Feedback** |
|  |  |  |
| **Confirmed Handling Method \*** |  |
| **Handling Result** |
| **Contact Date\*** |  |
| **Contact Method\*** |  |
| **Handling Duration\*** |  **Hours** |
| **Handling Method\*** |  |
| **Customer Satisfaction Level\*** |  |
| **Remarks** |  |