

**COMPLAINT REPORT**

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| **Type**: Manufacturer  Consumer  Regulatory Agency |

**Complaint #:**

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| **MANUFACTURER INFORMATION** | |
| **Manufacturer Name:** | **Model Name:** |
| **Project Number (If known):** | **Product Description:** |

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| **COMPLAINT INFORMATION** | |
| **Complaint Date:** | **Complaint Taken By:** |
| **Complainant Name:** | |
| **Complainant Address:** | |
| **Phone Number:** | **Email Address:** |
| **Complaint Details:** | |
| **Suspected Cause:** | |
| **Desired Response or Outcome:** | |

*Please return this form to: Or by Fax or Email to:*OMNI-Test Laboratories, Inc. Fax: (503) 643-3799  
P.O. Box 301367 Email: [thamilton@omni-test.com](mailto:thamilton@omni-test.com)   
Portland, OR 97294

*Reference Procedure: M-SPD*

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| **FOR OMNI USE ONLY:** | |
| **Received By:** Phone  Letter  In-Person  Email | |
| **Complaint Assignee:** | **Assignment Date:** |
| **Corrective Action is Necessary?** Yes  No | |
| **If Yes, What is the Corrective Action Number?** | |
| **Resolution of Complaint and Effectiveness of Actions Taken:** | |
| **Date complainant was advised of OMNI’s response and if applicable, complainant’s right to appeal:**    **Complainant’s Response:**  Accepted  Appealed | |

The complaint is closed or has been address in a corrective action:

Project Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QA Admininistrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_