

**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
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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_