

FORM NO: QA-FM-07

REVISION:

DATE:

REPORT NO: CC/.....	RECEIVED BY:	DATE: TIME:
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SENDER:	AGENT:	COMPANY NAME:
DEFAULTING SERVICE :	Collection	CUSTOMER: Pleasant -
	In-transit	Concerned -
	Delivery	Annoyed -

CONTACT NAME:	POSITION:
ADDRESS:	TELEPHONE NO:
	FAX NO:
	AVAILABLE AT (TIME):

FULL DETAILS OF COMPLAINT/SERVICE FAILURE:

AIRBILL NO:	DATE SENT:	DATE ARRIVED:
ACTION BY:		

IMMEDIATE ACTION TAKEN:

RESPONSE TIME TO US:	RESPONSE TIME TO CUSTOMER:
CUSTOMER RESPONSE:	

RECOMMENDATIONS TO PREVENT RECURRENCE:

REVIEW OF ACTION TAKEN AND ADDITIONAL RECOMMENDATIONS:

REPORT CIRCULATION:	SIGNATURE:
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