

CIBO VITA, INC.

CUSTOMER COMPLAINT FORM

Date: _____

Type of Complaint: Product Safety Product Quality Other _____

Means of Contact: Telephone Email Letter/Mail

Customer Information

Contact Name _____ Company Name _____

Phone # _____ Email (optional) _____

Address _____

Complaint Information

Location Item Purchased: _____

Item: _____ Qty Purchased _____

Lot # / Expiration Date: _____

What was the complaint? _____

Company Response

Person Assigned to Investigate _____

Result of Investigation _____

Does the complaint require a Corrective Action? YES NO

IF YES DOCUMENT IN THE CORRECTIVE ACTION LOG

Response to Customer _____

Date Customer Replied To _____

Reviewed by: _____ Date: _____

Attach copies of emails or other relevant documents