



Universal Delivery Solutions

Our Reputation is your guarantee

CUSTOMER COMPLAINT/ SERVICE FAILURE REPORT

FORM NO: QA-FM-07

REVISION: A

DATE:

REPORT NO: CC/.....	RECEIVED BY:	DATE: TIME:
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SENDER:	AGENT:	COMPANY NAME:
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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:
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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: