KADMAR SHIPPING Co.

Customer Complaint Form

Customer name:			customer date: / /		
Private complaint pro	cess:				
Linear agency / Tram	p Agency / F	Forwarding / Cha	rtering and	Broke	erage.
Method of receiving t	he complain	nt:			
* By Mail * B	y Phone	*By Fax	* By l	_etter	
Subject of the comple	aint:	-			
Recipient of the comp	plaint				
Sign:					
Result of a study the of the complaint:	complaint a	nd action taken t	o remove th	ne cau	ıses
The manager is respo Name: Sign:	onsible:				
Follow-up and closur Replied to the compla Date: / /	ainant by: pl	•	nterview/let	ter	
The manager is responsible Name: Sign:	onsible:				
Does not requ	uire correcti	ve action	***************************************		
Need to make correct	tive action				
Been Opened corrective action number:			by date:	1	1
Quality manager Name: Sign:					
Form No.: F.7.CU.03/01	Is	ssue No. 1	Issue Date: 1/7/2010		