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CUSTOMER COMPLAINT SHEET

DEALER: _____ DATE: _____

CONTACT: _____ WITH: _____

PHONE NO: _____ FAX NO: _____ E-MAIL: _____

USER: _____ CONTACT: _____ PHONE NO: _____

HRS IN SERVICE: _____ FAX NO: _____

MODEL: _____ SERIAL NO: _____

SALESMAN: _____ REPORTED PSI: _____ GPM: _____

REPORTED COMPLAINT: _____

RECOMMENDED SOLUTION: _____

FOLLOW UP REQUIRED: _____

ROOT CAUSE OF PROBLEM: _____

