

Customer Complaint Record

Users with complaints about any issues with the ALMR System or staff should fill out a Customer Complaint Record and submit it to the OMO, SMO, or Help Desk.

| CUSTOMER COMPLAINT RECORD | |
|--|------------------|
| Date Received: | Time Received: |
| Customer: | |
| Phone Number and Location: | |
| COMPLAINT DESCRIPTION | |
| <hr/> <hr/> <hr/> <hr/> | |
| ORIGINAL WORK ORDER | |
| Original Work Order: | Time Received: |
| Description of Original Request: | |
| <hr/> <hr/> <hr/> | |
| CORRECTIVE ACTION | |
| Action Required: Y / N | Rework Assigned: |
| Actions to Resolve Defect: | |
| Actions to Prevent Recurrence: | |
| Action Completed: Y / N | Verified By: |
| ATTACHMENTS | |
| Copies Original Work Request Follow Up of Quality of Services Survey | |

Please note - this is not a fillable form. You must print out and fill in by hand.