



BUREAU OF STANDARDS JAMAICA
CUSTOMER COMPLAINT FORM

Customer Complaint No.	Date Received (YYYY-MM-DD)
Name/Organization Address	Tel No. Fax No. E-mail

Brief Outline of Complaint (Problem encountered):

[continue on separate sheet if necessary]

Form completed by:

Name _____ **Signature** _____
Date _____

OFFICIAL USE ONLY

Method of Delivery: Walk In Telephone E-mail
 Letter
Attachment Yes No
Type of Attachment E-mail Letter Picture
 Sample Other _____
Complaint directed to: HR Director Legal Officer
 Director/Manager/Team Leader
(name) _____

Public Education and Information Department
Complaint acknowledged (to complainant) Yes No
Corrective Action Request (CAR) dispatched to relevant personnel Yes No

Signature, **PEIC** _____ Date _____
Public Education and Information Coordinator (PEIC)

Quality and Environmental Management System Unit
Nonconformity/Corrective/Preventive Action Report # (NCPAR#) _____

Proposed Follow-up Date _____

Signature, **QESM** _____ Date _____
Quality and Environmental Systems Manager (QESM)