



# Customer / Stakeholder Feedback or Complaint Form

Form: QF 7.2/1-2  
Rev Date: 2012/11/06  
Rev. No: 08

## [A] CUSTOMER INFORMATION Log #:

Customer Name: ..... Contact Person: .....  
 Address: ..... Date Complaint Received: .....  
 Phone/Fax #: ..... Date Purchased: .....  
 Invoice/Delivery #: .....

## [B] NATURE OF COMPLAINT/ FEEDBACK

- (i) Product
- |   | Organic                  | Fine                     | Coarse                   | Oversize                 | Clay                     | Dirty                    | Sticks                   | Oil                      | Other                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Silt Sand          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Fine Sharp Sand    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sharp Sand         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 3/8" (10mm)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 3/4" (20mm)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 1 1/2" (40mm)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Oversize (Ballast) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other: .....       |                          |                          |                          |                          |                          |                          |                          |                          |                          |

- (ii) Service
- Response  Product Availability  Time Spent Loading Trucks  
 Time Spent at Weighbridge  Billing (Moisture)  Other

- (iii) Environment

## [C] Details of Complaint/ Feedback

.....  
 .....  
 .....

## [D] FINDINGS

.....  
 .....  
 .....

Attachment: Yes  No  Signature: ..... Date: .....

- Short Term Corrective Action:**  
 Rewash  Downgrade  Use for Mix  Apology  Refuse  Other

Comments: .....  
 .....

Signature: ..... Date: .....

**Long Term Corrective Action:** .....  
 .....

Attachment: Yes  No  Signature: ..... Date: .....