

Product Defect Complaint Verification Sheet

Complaint Information

Complaint No.	
Date Received	
Customer Name	
Contact Information	
Product Name/Model	
Batch/Lot No.	
Quantity	

Defect Details

Description of Defect	
Date of Occurrence	
Reported By	

Verification (To be filled by QA/Relevant Department)

Date of Verification	
Inspected By	
Method of Verification	
Verification Findings	
Is Complaint Valid?	

Proposed Action/Disposition

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Remarks/Notes

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Verified By

Name	
Signature	

Date	
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