

## TNT Manufacturing/MitWellness Consumer/Customer Complaint Form

Date form initiated

Date filed

Fielded by

Complainant name

Phone

Email

Mailing address

State

Zip

Preferred method of communication:

Phone

Text

Email

Fax

Complaint received via:

Phone

Text

Email

Fax

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint classification:

Circle one

Critical: call within 4 hours

Serious: Email within 8 hours

Standard: Email within 8 hours

Name of Product

Pro Code

Flavor

Size

Lot/Batch Code

Place of Purchase

Date of Purchase

Time of purchase

Concern isolated to one unit or multiple?

Single unit

Multiple units

Is there supporting evidence provided?

Photos

Receipt

BOL

Emails

Physical

Were Quality Control personnel was notified?

Yes

No

Who was notified?

Date

Time

Investigation led by:

Other personnel/managers involved in investigation

Investigation findings/root cause: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective Action: \_\_\_\_\_

\_\_\_\_\_

Response drafted by:

Complainant follow up by:

QC Signoff