

CUSTOMER COMPLAINT RECORD

For use of this form, see DA PAM 5-20; the proponent agency is ACSIM.

DATE OF COMPLAINT

TIME OF COMPLAINT

ORGANIZATION

SOURCE OF COMPLAINT

INDIVIDUAL

NATURE OF COMPLAINT

CONTRACT REFERENCE

VALIDATION

DATE CONTRACTOR INFORMED COMPLAINT

(Responsible officer)

TIME CONTRACTOR INFORMED OF COMPLAINT

(Responsible officer)

ACTION TAKEN BY CONTRACTOR *(Responsible officer)*

RECEIVED AND VALIDATED BY

NOTE: () Used for in-house operation.