



RSPL Group - Soda Ash Division
Customer Complaints Form

Customer Information

Firm/Company Name:

Address:

City/District:

Mobile:

E-mail:

Invoice No:

Invoice Date:

Invoice Qty.

Complaint Information

Complaint Date:

Complaints Type (Minor/Major) :

Name of complainant:

Complaint Details: **(Please explain):**

Office/Internal use only:

Complaint Taken by:

Complaint forwarded to: **(department name)**

Corrective Action Taken:

Cause of the Complaint:

What steps should be considered to avoid a repeat of the problem: