



# Quality Assurance and Complaint Resolution Form

## Stage 2

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address (Lot #) & Street: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Taken by: \_\_\_\_\_ Date Concern Received: \_\_\_\_\_

Name of Person Reporting Concern: \_\_\_\_\_

Description of Nature of Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action Taken by: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Action Response: \_\_\_\_\_ Expected Time to Complete: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the problem been resolved?  Yes  No Date: \_\_\_\_\_

**ACTION RESPONSE ACCEPTED | Manager:** \_\_\_\_\_

Upon signing this form, I agree that my complaint has been satisfied and corrective action has been taken.

(\* Signature of Complainant: \_\_\_\_\_

(\* Printed Name: \_\_\_\_\_

(\* Employee/Witness: \_\_\_\_\_