|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complaint Information | | | | |
| Customer Names/ Representative: | |  | Company Name: |  |
| E-mail Address: | |  | Cellphone No: |  |
| **Complaint Info** | | | | |
| Contract No: |  | | Complaint Date: |  |
| Order No |  | | Order Creation Date: |  |
| Grade: |  | | Order quantity (ton) |  |
| Loading Date: |  | | Brokers’ Name |  |
| Batch No(s). |  | | Quantity of Complaint |  |
| The Value of the Complaint: | | |  | |
| Type I reason of Complaint:  Product Quality Complaint □ Products Health Complaint □ Packaging Quality Complaint □ Product On-Time Delivery  Complaint □ Financial Complaint □ How to Response to Complaint □ How to behave the Personnel/ Representative  Complaint □ etc.□ | | | | |
| Complaint Elaboration:    Please mention your recommendation to solve the problem.  As any Record of Same Complaints to ASPC, mention the Summery of. | | | | |

|  |  |
| --- | --- |
| **The measures done via the Broker** | |
| Customer Spec (Name, Signature, date) | |
| Complaint Received Date, the Preliminary Assessment and refer the Man in charge (CSR) | |
| Customer Complaint: | Customer Complaint received Date: |
| Date of received Complaint to Customer: | How to inform the Customer: |
| How to receive the Complaint:  Website □ E-mail □Letter □ Governmental Organizations □ social media □ Satisfaction Assessment □ etc. □ | |
| The Customer Type:  Direct □ Export Customers □ the Petrochemicals □ IME □ Brokers □ Scrap Customers □  Indirect □ IME Customer □ the Brokers’ Customers □ | |

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| --- | --- | --- | --- | --- | --- |
| **Complaint Preliminary Assessment** | | | | | |
| **Complaint Assessment Index** | Complaint Type | Financial Loss | Who refer the complaint | Effect on Reputation | Any same record |
| Score of each Index |  |  |  |  |  |
| Average of Index Score |  | | | | |

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| --- | --- | --- | --- | --- |
| **Maximum Time of Compliant Assessment Process (Days)** | | | | |
| Importance Level of Complaint | Complaint Registration, the received Date, Preliminary Assessment and refer the man in charge | Complaint Assessment and Needful Measures | The measures done and Complaint Ending | Total Time of Compliant Assessment Process (Days) |
|  |  |  |

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| --- |
| The Emergency Response: Yes □ No □  The response for being Emergency: |

|  |
| --- |
| The Unit/ Units to Investigate  The Complaint based on its essence |

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| --- |
| CSR (Name, Signature and Date)  Sales and Marketing Manager: (Name, Signature and Date) |

|  |
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| **The Investigation results** |
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| --- | --- |
| **Complaint Status** | |
| **Technically Approved: Yes** □ **No**□ | **Commercial Approved Yes** □ **No** □ |
| The reasons which the Complaints approved: | |

|  |  |
| --- | --- |
| **Complaint Status** | |
| The Recommendation to Complaint Customers □  The recommendation to solve the problem □ | Man in charge  The Date: |
| **Manager / Head of Dept to investigate:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation Approval of Complaint to solve** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
|  | **CSR** |  |  |
| **Name** | **Designation** | **Signature** | **Date** |
|  | Sales & Marketing Manager |  |  |
| **Name** | **Designation** | **Signature** | **Date** |
|  | Commercial Manager |  |  |
| **Name** |  | **Signature** | **Date** |
| **Name** | (MD) if (needed) | **Signature** | **Date** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Feed Back to Customer** | | | |
| Date of Feed Back |  | Date of received the Complaint |  |
| Customer Services rep | | | |
| Feed Back Summary | | | |
| Complainant Reactions | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Complaint Completion and closure** | | | | |
| **The approved recommendation**  The payback the Product Cost□ the product Replacement □ Loss payment □ give the technical Consultancy□ Apologize □ etc. □ | | | | |
| The approved Tonnage of Complaint | | Volume of the Loss | | |
| The Complainant’s Satisfaction:  Satisfied □ unsatisfied □ no announce the satisfaction □  How to receive the satisfaction E-mail □ Letter □ Fax □ etc. □  The position of who satisfy:  The date of Satisfaction received: | | | | |
| **Time duration to investigate the Complaint (Days)** | | | | |
| Complaint Registration, the received Date, Preliminary Assessment and refer the man in charge | Complaint Assessment and Needful Measures | | The measures done and Complaint Ending | Total Time of Compliant Assessment Process (Days) |
| Since to as days ( ) | Since to as days ( ) | | Since to as days ( ) | |
| Customer Services rep (name, Signature and Date) | Sales and Marketing (name, Signature and Date) | | Commercial manager (name, Signature and Date) | |