

# COMPLAINTS FORM

<b>COMPLAINANT</b>					
<b>COMPANY</b>					
<b>ADDRESS</b>					
<b>TELEPHONE</b>		<b>FAX</b>			
<b>E-MAIL</b>		<b>DATE TAKEN</b>			
<b>ATTACHED DOCUMENTATION</b>					
<b>DETAILS OF COMPLAINT:</b>					
<b>DETAILS OF INVESTIGATION INCLUDING DETERMINATION OF THE CAUSE OF THE COMPLAINT AND THE NEED FOR CORRECTIVE ACTIONS: (ACS W3 SOLUTIONZ USE ONLY)</b>					
<b>RECORD OF ACTION TAKEN TO RESOLVE COMPLAINT AND TO PREVENT RECURRENCE WHERE POSSIBLE:</b>					
<b>DATE:</b>		<b>ACTION TAKEN EVALUATED AND EFFECTIVE:</b>			
<b>ACTION ACCEPTED BY:</b>	<b>COMPLAINANT</b>		<b>IMPARTIALITY COMMITTEE</b>		<b>ACS W3 SOLUTIONZ DIRECTOR</b>