



8D REPORT (CORRECTIVE / PREVENTIVE ACTION)

COMPLAINT TO SUPPLIER (VNC)

Complaint No. :-

Date:

1D COMPLAINT REFERENCES

Supplier Information

Supplier Name:

Contact Person:

Email ID:

Phone No.:

Invoice No:

Invoice Date:

Invoice Qty:

Defected Qty:

Our information

Contact Person:

Phone No.:

Email ID:

PO Number:

Category of complaint:

Item Description: ☐

2D PROBLEM DESCRIPTION :

3D PROBLEM ANALYSIS AND ACTIONS

Resp

Date

3. DISPOSITION / IMMEDIATE CORRECTIVE ACTION :

4. ROOT CAUSE ANALYSIS :



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5. CORRECTIVE ACTIONS :	Resp	Date
6. PREVENTIVE ACTIONS:		
7.EFFECTIVENESS VERIFICATION (By Supplier):		
ATTACHMENTS: <input type="checkbox"/> Analysis Report <input type="checkbox"/> Other Reference Documents		
8. VERIFICATION (By our Company) :		
<input type="checkbox"/> Above actions found satisfactory / unsatisfactory <input type="checkbox"/> If unsatisfactory then send back for re-verification <input type="checkbox"/> To observe next <u>3</u> supplies for effectiveness (If Applicable) <input type="checkbox"/> Visit to supplier <input type="checkbox"/> Recommendation for closure <input type="checkbox"/> Other remarks if any Complaint closed By <input type="text"/>		