



SAG ALSAHRA

CUSTOMER COMPLAINT-APPEAL FORM

C.C Reference No.		Date:	
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Customer Name			
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Work Order No.		Activity:	
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Date of Complaint:			
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NATURE OF COMPLAINT:

Type of correction:

Rejected :		Acceptable:		Reprocess/Rework	
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Cause of Fault:

Correction & Corrective Action : -

KINDLY FILL YELLOW PART AND SHARE TO inspection@sag-alsahra.com or contact +968 92947956 for clarification

Name :

Designation:

Ref No.