

Capogreco Farms – Complaints Form

Date: Time:	Person/s Involved:
What is the complaint?	Witness to the incident Name: Position:
What caused the problem?	Action Taken:
Short term fix (what can be done now to fix the problem)?	
<i>Person responsible:</i> <i>Signature:</i> <i>Date completed:</i>	
Long term fix (what can be done to prevent the problem from happening again)	
Have the changes made been effective?	YES / NO
<i>Reviewed by:</i> <i>Signature:</i> <i>Date reviewed:</i>	

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