



COMPLAINCE FORM

ALBONIAN INSPECTION  
COMPANY

Compliance No : .....

Date : .....

Compliance Recipient : .....

Occupation : .....

Customer  
Data

Customer Name : .....

Commodity : .....

Contract No : ..... Purchase No : .....

Complainant Name : .....

Occupation: .....

Tel : ..... E-mail : .....

Compliance Subject

Compliance Evaluation

Examiner : .....

Evaluation Summary :

( ) / / 20

Corrective Action : .....

Closing the Compliance :

Yes

No

Head of Department

( )

Quality Manager

( )

/ / 20