

RECORD OF COMPLAINT INVESTIGATED	1. ITEM NO. (NSN)		2a. CONTROL NO.	b. INVESTIGATING REGION NO.		
	3. NAME OF ITEM		4. DATE OF COMPLAINT	5. DATE RECEIVED		
6. COMPLAINING ACTIVITY (Give complete name and address)			7. SPECIFICATION NO.			
			8. METHOD OF NOTIFICATION (Check) <input type="checkbox"/> SF-368 <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER			
			9. AGENCY REQUISITION NO.			
10. PERSON TO CONTACT (Name and title)		11. TELEPHONE NO.	12. AGENCY SOURCE <input type="checkbox"/> STOCK <input type="checkbox"/> NONSTOCK <input type="checkbox"/> SCHEDULE			
13. TRANSPORTATION DOCUMENT NO.			14. LOCATION OF MATERIAL (Give activity and complete address)			
15. GSA SOURCE						
a. MANUFACTURER/SUPPLIER (Name, address and ZIP code)		b. ORIGIN RECORD				
c. CONTRACT NO.	d. ORDER NO.	e. BATCH OR LOT NO. (If applicable)		f. DATE OF MANUFACTURE		
16a. DATE RECEIVED	b. AMOUNT RECEIVED	c. AMOUNT ON HAND		d. AMOUNT UNSATISFACTORY		
17. NATURE OF COMPLAINT (Continue on reverse)						
18. SUMMARY-INVESTIGATOR'S ACTION (Continue on reverse)						
18b. DATE GSA FORM 309 RECEIVED FROM LAB.			18c. REPORT CONTROL NO.			
19. INVESTIGATOR'S FINDINGS-COMPLAINTS:						
a. JUSTIFIED		<input type="checkbox"/> MATERIAL DEFICIENCY	<input type="checkbox"/> SPECIFICATION PROGRAM	<input type="checkbox"/> INTRANSIT DAMAGE	<input type="checkbox"/> OVERAGE MATERIAL	<input type="checkbox"/> OTHER (Explain)
b. UNJUSTIFIED		<input type="checkbox"/> AGENCY MISUSE	<input type="checkbox"/> ORDERED WRONG ITEM	<input type="checkbox"/> HELD BEYOND SHELF LIFE	<input type="checkbox"/> OTHER (Explain)	
20. REPLACEMENT TO AGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO			21. CONTRACTOR LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO			
22. BASIS FOR CONTRACTOR LIABILITY (Show in specific contract terms the requirement not met)						
23. CERTIFICATION (Above noted deficiencies/findings are based an examination per applicable contract terms)						
SIGNATURE (QAS)				DATE		
24. DEPOT SURVEILLANCE (Attach copy of GSA Form 2178, and laboratory report (if applicable))						
<input type="checkbox"/> N/A <input type="checkbox"/> PLACED IN HOLD <input type="checkbox"/> NO STOCK <input type="checkbox"/> REGION _____ CHECK STOCK						
25. RECOMMENDED SETTLEMENT ACTION						
26. SIGNATURE (Regional Director, Contract Management Division or designee)				DATE		