



Supplier Complaint Report / 8D-Report

HJS Form
S3-FB-02
Edition: 24-11-07

Supplier:	HJS Contact Person	HJS Complaint-No.:
Name:	Name:	
Tel.:	Tel.:	Date of issue:
Fax:	Fax:	
e-mail:	e-mail:	

1. Data for the process

Delivery note:	Part no. HJS:	Incorrect parts:
Date of delivery:	Drawing / Index:	Decision:
Delivered quantity:	Part name HJS:	

Problem description HJS:	Specification:
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Short result: Complaint accepted: Analysis still open: Complaint refused:

1a Team	2a Problem description supplier
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1b Head of team	2b Repetitive Defect?
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

3a Containment action (s)	3b % Effect	3c Implementation date	3d Responsible
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Stock affected	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<input type="checkbox"/> Parts sorted
Work in process affected	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<input type="checkbox"/> Parts sorted
Delivered parts affected	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

4a Root cause (s) analysis („ask 5 times why?“)	4b % Involvement	4c Causative departm.
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5a Planned permanent corrective action (s)	5b Responsible	5c Target date
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6a Implemented permanent corrective action (s)	6b Verification	6c Implementation date
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7a Structural actions to prevent recurrence (s)	7b Responsible	7c Implementation date
Modification of: <input type="checkbox"/> Product-FMEA <input type="checkbox"/> Process-FMEA <input type="checkbox"/> Control Plan <input type="checkbox"/> Working- / Test Instruction: Are other products / processes affected? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, which? Further actions?		

8a Closure	8b Close date	8c Reported by
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