Continental Industries

_____
CONTROL#

PRODUCTION IMPROVEMENT
SERVICE IMPROVEMENT

DATE: _____
CUSTOMER: _____
ADDRESS: _____

PHONE: _____
CONTACT: MR./MRS. _____
CRC PERSON TAKING COMPLAINT: _____

STYLE OF PART _____ PCS. _____ COLOR _____
SIZE _____ DATE STAMP _____ NAME STAMP _____

PROBLEM (BE SPECIFIC) _____

ACTION TO BE TAKEN: _____