



This form may not function as desired using certain web browsers. You may be required to download and/or print this form.

Customer Communication Form

Compliment Complaint Concern Comment

Date: _____ Time: _____

Facility: _____

Name: _____

Phone: _____ Email: _____ Cell: _____

Request follow-up by ICP? YES NO

Details:

This section for ICP use only

Date received by ICP: _____ Received by: _____
<input type="checkbox"/> Action taken (complete below) <input type="checkbox"/> No action required

Date action completed: _____ Completed by: _____
Customer notified of completed action: <input type="checkbox"/> YES <input type="checkbox"/> NO

Submit Customer Communication Form by:

Fax: 1.419.448-7713 Email: icp@icppharm.com

Webpage: <http://www.icppharm.com/customer-login.aspx>. Once Login is complete, click on the "Customer Communication Form."