



# Supplier Complaint Log

Make additional copies of this form if needed.

page \_\_\_\_\_ of \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Use this form to report all complaints received regarding the compliance of OMRI Listed products with OMRI standards during the period from \_\_\_\_\_ through \_\_\_\_\_. A copy of this form or a comparable complaint log must be submitted to OMRI with your annual renewal packet.

Case ID#	Name of OMRI Listed Product	Date Received	Nature of Complaint/Evidence	Investigator	Investigation Results and Corrective Actions Taken	Date Resolved

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Check here if no complaints were received in the reporting period listed above. Sign and submit form.

**Name:** (type or print) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This document must be signed by an authorized company contact.