



# Record of Nonconformance, Complaint and Corrective Action

**F23**  
Rev. 1  
20VV/06/01

<input type="checkbox"/> Nonconformance <input type="checkbox"/> Complaint <input type="checkbox"/> Improvement			
Issued by:	Responsible for the Action:	Date:	Number:
<b>Description</b>			
<b>Disposition – Immediate Action</b>			
Responsible:		Date for Conclusion	
<b>Corrective Action Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CA n° _____			
<b>Root Cause Analysis</b>			
<b>Action Plan</b>			
Description	Responsible	Date	Concluded
<b>Verification of Effectiveness for Closing or Opening of a new Corrective Action</b>			
Responsible for the Verification of Effectiveness:			Date: