<b>₹</b> ₩ <b>₽</b>		TY C	F WISCONSIN	- MAD	ISON	Report #:
	Compliance Complaint Fo					Sheet 1 of Report Date:
		_	SECTION 1 - DESCRIPTION			<u> </u>
DATE OF D	ISCOVERY:		TYPE OF COMPLAINT (prelim		ort Control	Other Regulator
Applicable I	ributing Circumstand Regulation: ng Been Done to Rer		sie leeue.			☐ Yes ☐ No
nas Anytmi	ng Been Done to Ker	· ·				∐ Yes ∐ No
		SECTION 2 - STAFF / FACILITY DEVICE:		/ INFORMATION LOCATION OF ISSUE:		
PROJECT:				_		
PROJECT:	'S NAME:			_	OF ISSUE:	
REPORTER		DEV		REPORTER'	OF ISSUE:	t Of Contact
REPORTER	Complete First 2 S	DEV	s & Submit To: Export Cor SECTION 3 – INVESTIG	REPORTER' otrol Organiza  EATION	OF ISSUE: S TEL: tional Poin	
REPORTER  Date Of Inve	Complete First 2 S	DEV	s & Submit To: Export Cor SECTION 3 – INVESTIC Investigator's Name:	REPORTER' otrol Organiza  EATION	OF ISSUE:	
REPORTER  Date Of Inve	Complete First 2 Sestigation:	DEV	s & Submit To: Export Cor SECTION 3 – INVESTIC Investigator's Name:	REPORTER' otrol Organiza  EATION	OF ISSUE: S TEL: tional Poin	

TYPE OF COMPLAINT:   ITAR   EAR	☐ FACR	Other Regulatory					
SECTION 4 – ACTION PLAN							
ACTION PLAN	TASKS COMPLETE	ACTIONS VERIFIED					
Include Corrective & Preventive Actions:							
<b>REPORTABLE</b> : ☐ Yes ☐ No; see attached rationale							
SECTION 5 – APPROVALS							
The above action plan is acceptable.	This complaint has been resolved appropriately, all associated						
	tasks are complete and the actions have been verified.						

ECP-1 Form CCF 4/5/11

EC POC:\_\_\_\_\_DATE:\_\_

EC POC:\_\_\_\_\_DATE:\_\_\_\_