

VEHICLE/AUXILIARY EQUIPMENT ENGINEERING COMPLAINTS

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1. GENERAL

- 1.01 This practice outlines the procedures to formally evaluate any problems with vehicle/auxiliary equipment which are experienced on a companywide basis. It provides a mechanism to formally document the resolution of complaints as well as to communicate the problem and its resolution to all Fleet Operations groups and the appropriate HQ technical staffs.
- 1.02 Complaints which qualify for this procedure shall be related to design or engineering failures or improvements that are not covered by vehicle or body manufacturers' warranties. Complaints submitted for evaluation shall have a companywide or a potential companywide relevance.
- 1.03 Complaints which will be considered local are those such as warranty work, repairs or maintenance work falling within the normal warranty period.
- 1.04 The Fleet Operations organization shall be responsible for determining whether a complaint should be handled locally or whether it has companywide relevance.

2. ORIGINATING A COMPLAINT

- 2.01 The driver or other appropriate employee in a user department should complete form FASW-5060, Complaint. The completed form should contain all pertinent information related to the complaint including the complaint number, vehicle i.d. numbers, garage locations, model, make and model year of the vehicles involved. If the complaint involves a utility body or van conversion, the name of the body manufacturer and the body i.d. number shall also be included.
- 2.02 Once completed, the preparer should sign and date form FASW-5060 and forward to their district manager for review and authorization.
- 2.03 After the district manager's authorization is obtained, form FASW-5060 shall be forwarded to the local Fleet Operations group.
- 2.04 Fleet Operations should review the form for completeness and determine if the complaint has local or companywide application.

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- 2.05 If local, the Fleet Operations group should resolve the complaint and provide feedback to the originating department.
- 2.06 The following conditions will determine if the complaint has companywide or potential companywide impact.
- complaint involves a design defect
 - complaint involves an engineering defect or failure
 - complaint involves a suggestion for improvement in the design.
- 2.07 If the complaint meets the criteria listed in 2.06 above, the form should be sent to the Fleet Operations district manager for approval and then forwarded to the Fleet Operations technical staff for research and resolution.

3. HQ RESPONSIBILITIES

- 3.01 Once received, the Fleet Operations technical staff should provide a copy of the complaint to the appropriate HQ technical staff and to each Fleet Operations group for informational purposes. A copy of the complaint shall also be forwarded to Procurement Contracting if it involves an item that is currently under contract.
- 3.02 The Fleet Operations technical staff shall maintain a log of all complaints received along with their current status.
- 3.03 If assistance from the HQ technical staff is needed in evaluating the complaint, a request shall be made at the time the copy is sent.
- 3.04 The Fleet Operations technical staff will determine the proper method for resolving the complaint. Once settled, the resolution shall be communicated to:
- originator
 - the originating Fleet Operations group
 - all other Fleet Operations groups for their information
 - Procurement Contracting, if applicable
 - HQ technical staff.
- 3.05 The resolution shall contain information concerning any design change on future models, any retrofit on existing vehicles/bodies and any associated cost.

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Retention Period: 1 Year

COMPLAINT
(SEE REVERSE SIDE FOR INSTRUCTIONS)

Page ____ of ____

		NUMBER:	
ORIGINATING DEPARTMENT	1A NAME OF PRODUCT		1AA PRODUCT ID (PID)
	1B MANUFACTURER, SUPPLIER, CONTRACTOR (SPECIFY)		2 SYSTEM
	1C <input type="checkbox"/> MATERIAL <input type="checkbox"/> INSTALLATION <input type="checkbox"/> ENGINEERING		3 DOES COMP REPORT AN ALLEGED FIRE OR SAFETY HAZARD
	1D DRAWING & DOCUMENTATION REFERENCES		4 WHERE WAS PRODUCT WHEN IT REPORTEDLY FAILED
	1E CIRCUIT/SCHEMATIC DRAWING	ISSUE	OPTIONS
	1F SOFTWARE DOCUMENT		ISSUE
	1G EQPT/MFG/ASSY DRAWING	FEAT/OPT	REV ISSUE
	1H SUBASSY, COMPONENT, APPARATUS	CODE	NAME SERIAL NO.
	1J SPECIFICATION/PERFORMANCE DOCUMENT		5 QUANTITY:
	1K PRACTICE	PARAGRAPH	ISSUE
	7 SWBT ORDER NO.	8 VENDOR ORDER NO.	
	10 STATEMENT OF REPORTED PROBLEM:		
	<input type="checkbox"/> SAMPLES AVAILABLE		ADDITIONAL MATERIAL ATTACHED
11 WAS REPORTED INCIDENT CORRECTED LOCALLY <input type="checkbox"/> NO <input type="checkbox"/> YES (ATTACH DRAWINGS, SKETCHES, MARKED PRINT, AND DESCRIPTION)			
12 RESP CODE-ORIG	13 LOC CODE	14 ACCT	15 EC
			16 EST. RD. KCO
			17 CPR CODE
			18 RESP CODE-CHGD
19 INCIDENT ORIG REPTD BY		20 TEL. NO.	21a REVIEWED BY
			21b DATE
22a DISTRICT		22b DATE	23 COMMENTS/RECOMMENDATIONS (OTHER LOCATIONS)
			ADDITIONAL MATERIAL ATTACHED
24 COMMENTS OR RECOMMENDATIONS (OTHER LOCATIONS HAVING SIMILAR REPORTS)			
			ADDITIONAL MATERIAL ATTACHED
MAINTENANCE ENGINEERING	25 <input type="checkbox"/> NONE AVAILABLE <input type="checkbox"/> BEING HELD DISPOSITION OF SAMPLE <input type="checkbox"/> JUNK <input type="checkbox"/> REPAIR & RETURN		27 ACTION DESIRED ON <input type="checkbox"/> CREDIT <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE <input type="checkbox"/> CORRECT IN FIELD
			28a REPAIR ORDER NO.
			28b DATE
			29a SECTION CONTACT
			29b TEL. NO.
		29c DATE	
26 CROSS REF. TO COMP NO.		30a REVIEWED AND APPROVED BY:	
		30b DATE	

INSTRUCTIONS FOR
FORM FASW-5060**General**

1. Type all entries, or print legibly in black ink.
2. BSP 010-522-906SW Instructions for submitting this form.
3. A complaint should cover only one type of product.
4. Any level or department in SWBT may submit a complaint.
5. Each level of the submitting organization should verify the information for completeness and accuracy.

Item No.

- 1A. Enter the complete name of the product as covered on drawings, name plates, or other references.
- 1B. Enter the name of the manufacturer, supplier or contractor under complaint.
- 1C. Plan and "X" in the box appropriate to the complaint condition. If the vendor of the installation or engineering service is different than the manufacturer of the material, enter the name(s) under Item 1B.
- 1B-1K. Enter all drawings, lists, groups, issues, figures, options, apparatus codes, date codes, and other documentation, which completely identify the defective product.
 2. System which broadly categorizes where the product was being used when it reportedly failed (e.g., #5XB, 1AESS, T Carrier, Power, etc.)
 3. X the box only if the COMP is reporting an alleged fire or safety hazard. Notify supervision immediately and review Practice 010-522-906SW and 010-700-021SW.
 4. Enter central office name (or site) and address where the reported problem occurred.
 5. Enter the number of products which are furnished on the order, the number reportedly defective and in service at the location covered by the complaint.
- 6a-6b. Enter the date the product was manufactured and the date it was placed in service.
- 7-9. Enter information from the original order.
10. In this space enter a concise, accurate and complete description of the incident. Attempt to anticipate all the questions that may be asked by anyone reviewing the report. Accuracy and completeness are more important than brevity. If necessary, the description may be continued on additional pages. Additional pages or attachments should be stapled to this form.

Include description of any allegedly hazardous or service reaction events preceding failure actions taken during troubleshooting, complete description of tests, or anything else that may help understand and resolve the problem. Attach explanatory sketches, drawings or photographs if they are available.

 - For subassembly or component product mfd by one vendor but purchased by another vendor, furnish complete nameplate data and inspection number if available (See Item 1H).
 - For storage batteries, furnish service history or individual cell voltage and specific gravity readings for entire string (lead-acid batteries see form FASW-5060-1).
 - For product that contains serial number, include that number.
 - For cable, furnish reel and requisition number. Where field repairs have been made, furnish a breakdown of all costs incurred in the repair operation.
 - For teletypewriter apparatus, completely identify all parts and units involved; give BSP Section, TTY Bulletin or "S" specifications involved.
11. If the reported problem was corrected locally, attach a description of the techniques used. Explanatory sketches, marked drawings or photographs if they are available.
- 12-18. Functional Accounting Information.
 19. This entry should contain the name of the individual who actually discovered the situation being reported.
 20. Furnish a contact telephone number where additional information may be obtained.
 - 21-22. The form should be reviewed and approved by the originator's district level. An information only copy should be forwarded in accordance with established departmental procedures.
- 29a-29b. Enter the name and telephone number of the Maintenance Engineering person most knowledgeable about the reported complaint.
- 30a. The completed form should be reviewed and approved in accordance with established Network Maintenance Engineering procedures.

Original File Copy. All other copies are duplicates.

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