8D Customer Complaint Resolution Report

Sonja Armbruster[1] and John Moran[2]

Your most unhappy customers are your greatest source of learning.

~ Bill Gates[3]

Description:

The Eight Disciplines of Problem Solving, or 8D, were first described in a Ford Motor Company manual in 1987. The manual describes an eight-step analytic approach for addressing the chronic product and process problems that can cause customer complaints[4,5]. The 8D Customer Complaint Resolution Report provides a structure and a framework for completing the 8D analysis, and keeps management and customers informed and updated on the status of a complaint. The analysis and reporting process elevates the customer focus of an organization, transforming unhappy customers into opportunities for positive organization learning and improvements to the health of the community.

When to Use:

The 8D Customer Complaint Resolution Report can be used whenever an organization receives a customer complaint due to a process problem. It may also be used when customer satisfaction data show a negative trend, which may need to be addressed by an improvement team. The report may be modified as needed, adding rows or revising the headers for cause and effect diagraming.

Construction Steps:

1. Using the template shown below, give the 8D Customer Complaint Resolution Report form a title and report number for tracking. List the dates of the 8D analysis, and briefly describe the complaint. Add the customer's name, and the program/division that received the complaint. An example follows the template to illustrate the use of 8D.

2. Conduct an 8D analysis to resolve the customer complaint:

   - **1D – Team Formation**
     Identify team members familiar with the process, and appoint a team leader knowledgeable about both the complaint and the process. Identify both the team's subject matter expert (SME) and champion/sponsor[6]. Add this information to the form, adding lines for team members as necessary.

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[3] Brainy Quotes, accessed July 21, 2017.

[4] Quality-One International, accessed July 21, 2017.

[5] American Society for Quality, accessed July 21, 2017.

[6] *Public Health Quality Improvement Encyclopedia*, Public Health Foundation, 2012, pp. 142-143.

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- **2D – Problem Description**
  Collect data-driven and fact-based details about the problem. This should document the symptoms of the problem, and should answer questions like who, what, where, when, why, how, and how many. Add this information to the form.
- **3D – Interim Containment Actions**
  Identify and document necessary steps to ensure the issue does not spread to other customers and affect customer perception.
- **4D – Root Cause Analysis**
  Conduct a root cause analysis, using a tool such as a Cause and Effect Diagram[7].
- **5D – Design Corrective Actions**
  Based on the results of the root cause analysis, identify corrective actions (or an improvement plan) to prevent the root cause from reoccurring. These actions should be permanent changes. For each action, identify what needs to be done, by when, who should be involved, and how success will be measured.
- **6D – Implement and Validate Corrective Actions**
  Track, measure, and evaluate progress on implemented corrective actions to determine if they were effective. It may be necessary to develop a measurement program to track progress. Notify the customer of corrective actions implemented to resolve the complaint. Use the measurements to validate the corrective actions.
- **7D – Preventive Actions**
  Ensure that the entire process is running error free. This may require some modifications to the corrective actions, to verify that the process is operating correctly and not causing additional customer complaints. Updating policies or procedures, work instructions, or training plans can ensure that improvements are standardized.
- **8D – Team and Individual Recognition**
  It is important to recognize a job well done. Recognition by leadership can motivate employees to get involved if another customer complaint is received. Recognition activities can include sharing lessons learned about avoiding this kind of complaint in the future, comparing data before and after the corrective actions were implemented, and celebrating intentional efforts to improve customer satisfaction.

3. Complete and file the 8D Customer Complaint Resolution Report. Continue to monitor corrective and preventive actions, as well as the process itself, to identify additional improvement opportunities and prevent future customer complaints.

4. On a regular basis (e.g., annually), review all Customer Complaint Resolution Reports to better understand the most common customer complaints. This could help an organization identify potential system problems, gaps in processes, or other issues, as well as identify additional opportunities for improvement.

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[7] *Public Health Quality Improvement Encyclopedia*, Public Health Foundation, 2012, pp. 11-12.

Template: 8D Customer Complaint Resolution Report

Customer Complaint Resolution Report

Report Title:				Report #	

Dates:	Customer Complaint:		Report Initiated:		Report Completed:	

Customer:		Program/Division:	

1D – Team Members

Role	Name	Email Address
Leader		
SME		
Champion/Sponsor		

2D – Problem Description

3D – Interim Containment Actions *(who, takes what action, by when)*

4D – Root Cause Analysis

Cause & Effect Diagram

People   Materials   Machine

Problem

Method   Environment   Measurement

Five Why Analysis
1. Why did this happen?

2. Why?

3. Why?

4. Why?

5. Why?

5D – Design Corrective Action *(generate solutions to address root causes)*

What needs to be done?	Who must be involved?	By when?	How will success be measured?
1.			
2.			
3.			

6D – Implement and Validate Corrective Action

Solutions Implemented	Results

Customer Notification	Assigned to	Key Messages	Completion Date

7D – Preventive Action *(policy/procedure change, training protocol, etc.)*

Action Taken	Responsible Person	Completion Date

8D – Team and Individual Recognition

Example: 8D Customer Complaint Resolution Report

Customer Complaint Resolution Report

Report Title: Healthy Community Coalition (HCC) Meeting Improvement					*Report # 1*	
Dates: 3/15/17-8/15/17	Customer Complaint:	3/15/17	Report Initiated:	3/22/17	Report Completed:	8/15/17
Customer:	Jane Doe, HCC Member			**Program/Division:**		Health Promotion

1D – Team Members

Role	Name	Email Contact
Leader	Jane Eyre	jeyre@examplehd.com
SME	Atticus Finch	afinch@examplehd.com
Champion/Sponsor	Kinsey Millhone	kmillhone@examplehd.com

2D – Problem Description

HCC is responsible for convening partners to make progress on the CHIP and for increasing community engagement and mobilization. Kinsey received an email from a key partner (a hospital community benefit director) about the last three HCC meetings. The complaint was a long, detailed list of frustrations about the ineffectiveness of the meetings, which included lack of meeting minutes and timely agendas. Further, the programing for meetings seemed last minute – and mostly committee updates instead of meaningful presentations, shared learning and connecting. The complaint also included frustration that this coalition feels more like a coffee klatch (social chitchat), rather than an effective way to make progress on serious community health concerns.

3D – Interim Containment Actions *(who, takes what action, by when)*

1. *Kinsey immediately replied to the partner stating that she appreciated the feedback and will begin looking into what can be done.*
2. *Kinsey initiated the 8D process to explore the process improvement options.*
3. *Kinsey will provide a more detailed update on the problem-solving process update to the partner prior to the next HCC meeting.*
4. *Jane will cancel the April HCC meeting to assure adequate time to initiate an improvement process.*

4D – Root Cause Analysis

Cause & Effect Diagram

People

Materials

New staff

Coalition website

Coalition management resources

Lack training

Ineffective HCC Meetings

Roles & responsibilities

No assessment tool

No regular feedback loop

Structure

Method

Measurement

Five Why Analysis

1. *Key partner is reporting ineffective meetings*
2. *Poor planning & execution*
3. *New, poorly trained staff*
4. *Gaps in training & oversight*
5. *No process*

5D – Design Corrective Action *(generate solutions to address root causes)*			
What needs to be done?	*Who must be involved?*	*By when?*	*How will success be measured?*
1.Effective meeting training for staff	*Kinsey, Jane*	*April 15*	*Pre-Post Assessment*
2. Develop a coalition program design team	*Jane and 2-4 community partners, including complainant*	*May 1*	*Agenda, participation, minutes, attendance at meetings*
3. Coalition assessment	*Atticus*	*June 15*	*Assessment report shared with coalition, July meeting*
4. Coaching/mentoring for Jane	*Jane, coalition/QI consultant*	*Every 2 weeks for 2 months*	*Kinsey consultation with key partners in late July*

6D – Implement and Validate Corrective Action			
Solutions Implemented:	*Results:*		
Contracted for effective meeting training & facilitation skills	*All staff leading and participating in community coalitions now have shared expectations about agendas, design teams, minutes, planning/execution/follow-up.*		
Identified an internal coalition coach for Jane	*Jane has increased support, understands the expectations of external clients, and now exceeds expectations.*		
Coalition Assessment developed, administered & Analyzed	*Discovered new opportunities to improve and learned that most partners are very happy with their level of engagement.*		
Jane, with help from Kinsey, created an HCC Design Team.	*More partners are sharing the work and feeling ownership in the effectiveness of the meetings. Jane is building deeper relationships with community partners. Attendance has increased. Agendas and minutes are available for all meetings on the coalition website.*		
Customer Notification	*Assigned to:*	*Key Messages*	*Completion Date:*
Customer was included in coalition program design team	*Jane*	*Customer participation is key to process improvement*	*8/1/17*

7D – Preventive Action *(policy/procedure change, training protocol, etc.)*		
Action Taken	*Responsible Person*	*Completion Date:*
Added a training plan to the agency workforce development plan for both 1) effective meetings and 2) meeting facilitation (with criteria for selecting staff who must complete at least every two years).	*Kinsey*	*8/15/2017*
Adopted a policy, procedure, and schedule for coalition assessment (for customer satisfaction data collection) method for all agency supported coalitions.	*Atticus*	*8/15/2017*

8D – Team and Individual Recognition
Jane, Kinsey, and Atticus completed a QI storyboard documenting the intervention, which will be posted in the agency for the month September. A feature story was shared in the department newsletter focusing on the lessons learned from improved community relationships.

This tool can create opportunities for cross-functional quality improvement (QI) at the agency level. For example, with five or more 8D Customer Complaint Resolution Reports completed, teams could analyze how long it takes from date of customer complaint to date of report initiation or report completion, and then implement a QI project to reduce the number of days. Similarly, analysis could assess the time it takes to get from customer complaint to customer notification about corrective action. Agency-level QI

efforts related to the process and timeliness of response to customer complaints can elevate the understanding of the primary intent of agency QI: a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community[8].

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[8] Riley, W., Moran, J., Corso, L., Beitsch, L., Bialek, R., and Cofsky, A. Defining Quality Improvement in Public Health. *J Public Health Management Practice* 2010; accessed August 7, 2017.