Corrective Action Plan

Date: [Insert Date]

To: [Supplier Name]

From: [Your Company Name]

Subject: Corrective Action Plan for Audit Findings

Audit Findings Summary

• Finding 1: [Description of Finding 1]

- Finding 2: [Description of Finding 2]
- Finding 3: [Description of Finding 3]

Corrective Action Plan

Finding	Corrective Action	Responsible Person	Completion Date
Finding 1	[Corrective Action for Finding 1]	[Name]	[Date]
Finding 2	[Corrective Action for Finding 2]	[Name]	[Date]
Finding 3	[Corrective Action for Finding 3]	[Name]	[Date]

Follow-Up

Please provide updates on the corrective actions by [Insert Follow-Up Date]. We appreciate your cooperation and commitment to quality improvement.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]