1. Information of Complainer:

 Name………………………………………………………………………………………………………….……..

 Organization………………………………………………………………………………………………….…..

 Address……………………………………………………………………………………………………………….

 TP………………………………..….. Email:………………………………………………..….

1. Details of the complaint:

Name of the Laboratory: ……………………………………………………….

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Signature………………………………………… Date ……………………………………………..

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|  For laboratory use only1. Complaint received by:

 Name of the officer: Designation: Signature: Date:1. Mode of complaint: Telephone/Fax/E-mail/Letter/Other (*pls specify*) ………………………………………..
2. Forward to QM on :…………………..……………..(*Date*) Signature of QM…………………………………….
3. Acknowledgement of complaint to the customer:……………………………………………………………..(Date)
4. Immediate action taken:…………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………..(Date)1. If required for further investigation, reference to Corrective Action Report:………………………………

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