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 only   1. 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:………………………………   ……………………………………………………………………………………………………………………………………………………   1. Communication of corrective action to customer (if any):………………………………………………………….   …………………………………………………………………………………………………………………………………………………… |