CUSTOMER COMPLAINT/ COMPLEMENT FORM

TMDA
Tanzania Medicines & Medical Devices Authority

Part I: Customer Particulars

Name: .....Title:.....

Company:..... Address:.....

Phone No:..... E-mail:.....

Signature:..... Date:.....

Part II: Description of complaint/ complement

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Received by: ..... Signature: ..... Date:

Part III: Review of complement by Manager, Communication and Public Education/Zone Manager and action taken.

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Signature: ..... Date: .....