

COMPLAINTS FORM

Section A: Complainant particulars (To be filled by Customer and/TFDA Staffs)

Name and address of complainant.....

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Telephone number.....

Date received.....

Complaint number.....

Details of complaint received (attach letter if sent in writing or write in the space below if communicated verbally).....

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Section B: Complaint evaluation

Name of person assigned to evaluate the complaint.....

Summary of evaluation report (attach the report if it is too long).....

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Is the complaint genuine? (Tick the appropriate box)

Yes No

Recommendations of evaluator

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Laboratory Quality Officer (LQO) recommendations.....

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LQO signs off as completed..... **Date:**

DLS sign: **Date:**

Approved by DLS (Signature): *Dipelite*