

COMPLAINT/SUGGESTION FORM

CUSTOMER NAME:
TELEPHONE:
CONTACT PERSON:
MEANS OF COMPLAINT : <input type="checkbox"/> TELEPHONE <input type="checkbox"/> E-MAIL <input type="checkbox"/> CUSTOMER SATISFACTON SURVEY <input type="checkbox"/> IN PERSON
DATE OF THE COMPLAINT:
COMPLAINT DESCRIPTION:
<input type="checkbox"/> COMPLAINT <input type="checkbox"/> SUGGESTION NUMBER OF COMPLAINT/SUGGESTION
COMPLAINT RELATES TO LABORATORY ACTIVITIES : <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If answer is YES see if corrective action is required.)</i> <i>(If answer is NO acknowledge the complainant)</i>
PERSON HANDLING THE COMPLAINT:
CORRECTIVE ACTION: <input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED NUMBER OF CORRECTIVE ACTION:
DETAILS OF THE CORRECTIVE ACTION:
PERSON ACKNOWLEDGING THE COMPLAINANT:
POSITION:
SIGNED:
DATE:

Revizyon 5. Updated customers information and means of complaint. Added number of complaint/suggestion and corrective action.

Revizyon 4. Added "Complaint relates to Laboratory activity"

Revizyon 3. Added "Person handling the complaint"

Revizyon 2. Update company name and logo

AKTL-FR-13/05/04

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