

## COMPLAINT FORM

Customer submitting the complaint:	Person receiving the complaint:
Date of complaint submission:	Form of complaint submission: In person By mail By fax By phone Electronically*
Person responsible for handling the complaint:	Head of the Laboratory organizational unit:
Description of the subject of the complaint:	
Explanations regarding the complaint:	
Complaint accepted: <input type="checkbox"/> YES <input type="checkbox"/> NO	Corrective actions required: <input type="checkbox"/> YES <input type="checkbox"/> NO
Corrective / preventive actions taken:	
Completion date of actions:	Person responsible for implementing corrective / preventive actions: ..... (date, signature)

\* underline as applicable