

<b>FORM</b>		
Title <b>Complaint Record Form</b>		
Form No.: <i>XXX</i>	Revision No.: <b>001</b>	Effective Date <i>DD-MMM-YYYY</i>

<b>Complaint No.</b>	<b>Date:</b>
<b>Name of Person Making the Complaint:</b>	
<b>Name of Company, Business Address and Contact Number (if applicable):</b>	
<b>Method of Notification:</b>	
<b>Nature of Complaint:</b>  <b>Service / Product-related* (please fill in product information below) / others (please specify).</b>	
<b>*Name of Product:</b>	
<b>*Batch No:</b>	<b>*Expiry Date:</b>
<b>*Quantity Involved:</b>	<b>*Purchase Order / Delivery Order No:</b>
<b>Details of Complaint:</b>	

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<b>Complaint Received By (Name and Designation):</b>
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<b>Findings (on physical characteristics, packaging, labeling, etc):</b>
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<b>Is the product a counterfeit:</b>	<b>Yes / No</b>
<b>Recorded By:</b>	<b>Verified By:</b>
<b>Date:</b>	<b>Date:</b>

<b>Was there any complaint(s) of similar nature previously: Yes / No</b>
<b>If the answer is yes, the case number(s) of the previous complaint(s):</b>

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<b>Investigation and possible root cause:</b>

<b>Corrective Actions to be taken:</b>

<b>Proposed Completion Date for Action taken:</b>

<b>Measures to prevent future recurrence:</b>

<b>Proposed By:</b>	
<b>Date:</b>	

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<b>Review by Head of <i>Quality Assurance (QA) / Quality Control (QC)</i></b>	
<b>Is product recall required:</b>	<b>Yes / No</b>
<b>Comments:</b>	
<b>Reviewed and Approved by :</b>	
<b>Date:</b>	

**REVISION HISTORY**

Rev No:	Document Change Number:	Author	Effective Date	Remarks of Revision
001	<i>XXX</i>	<i>YYY</i>	<i>DD-MMM-YYYY</i>	New Document.

**APPROVAL**

Prepared by: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature/Date: \_\_\_\_\_