

FORM

Title
Complaint Register

Form No.:
XXX

Revision No.:
001

Effective Date
DD-MMM-YYYY

Complaint Number	Date received	Product Name	Batch Number	Brief description of Complaint	Proposed completion date	Actual completion date	Remarks

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

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: _____