

LABORATORY COMPLAINT – SUGGESTION FORM

Subject – Definition of the Complaint/ Suggestion				
Owner of the Complaint/Suggestion:: (Company Name, Title, Name)				
Address:				
Telephone:				
E-mail:				
Date		No		
Complaint/Suggestion taken by:				
EVALUATION				
Is the complaint/suggestion related to Laboratory Activities?	YES	NO	If no, the rationale	Name / Signature
	Date:			
Name of the Personnel Providing Feedback to the Complaint/Suggestion Owner on Acceptance				
Date of Feedback to the Complaint/Suggestion Owner on Acceptance				
Method of Notification and Means of Records:				

<i>PREPARED BY</i>	<i>PREPARED DATE</i>	<i>REVISION NO</i>	<i>REVISED DATE</i>	<i>FORM NO</i>
LABORATORY	01.10.2020	00	-	S17-P1T9F1

Evaluation of the Complaint/Suggestion (Explanations, if any)

Evaluation Date:

Complaint/Suggestion Evaluated by	Name/Signature	Shall Corrective and Improvement Actions be opened?		CIA No	
--	-----------------------	--	--	---------------	--

ACTION PLAN

Action	Supervisor	Deadline	Signature

<i>PREPARED BY</i>	<i>PREPARED DATE</i>	<i>REVISION NO</i>	<i>REVISED DATE</i>	<i>FORM NO</i>
LABORATORY	01.10.2020	00	-	S17-P1T9F1

LABORATORY COMPLAINT – SUGGESTION FORM

Name of the Personnel Providing Feedback to the Complaint/Suggestion Owner on Action Plan			
Date of Feedback to the Complaint/Suggestion Owner on Action Plan			
Method of Notification and Means of Records:			
Complaint/Suggestion Outcome:			
FEEDBACK FOR RESULT			
Name of the Personnel and Date of Feedback to the Complaint/Suggestion Owner on the Results: Notification Method and Means of Recording:			
Explanation:			

<i>PREPARED BY</i>	<i>PREPARED DATE</i>	<i>REVISION NO</i>	<i>REVISED DATE</i>	<i>FORM NO</i>
LABORATORY	01.10.2020	00	-	S17-P1T9F1