**{{ Complaint\_Investigation\_Report }}**

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| **Product details** | |
| **CRN** |  |
| **Notification Date** |  |
| **Name of drug product** |  |
| **Strength of drug product** |  |
| **Lot/Batch number** |  |
| **Manufacturing date** |  |
| **Expiry date** |  |
| **Product packaging details** |  |
| **Description of Complaint** |  |
| **Complaint category** | |
| **Delay  Mix-up  Quantity  Packaging  Labeling  Damage  Contamination  Falsified products  Transportation conditions  Data/documents processing  Safety/Security  N/A** | |

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| **Scope of investigation** |
| **Departments/functions/processes** |

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| **Documents and records were reviewed for investigation purposes** |
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| **Risk Assessment Summary** |
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| **Root Cause Analysis Summary** |
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| **Impact on products** |
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| **Overall product segregation measures** |
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| **Proposed CAPAs** | |
| **Reference CAPA number** | **Description** |
| **Reference CAPA number** | **Description** |

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| **Final disposition decision (recall, returning to saleable stock, return, disposal)** |
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| **{{ Complaint\_Investigation\_Report }} Conclusion and proposals** |
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| **{{ Complaint\_Investigation\_Report }} prepared by:** (to be signed off by all involved SMEs) | |
| Investigator | Name/Date/Signature |
| Investigator | Name/Date/Signature |
| Investigator | Name/Date/Signature |

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| --- | --- |
| **{{ Complaint\_Investigation\_Report }} reviewed by:** | |
| Department Head or Team Lead | Name/Date/Signature |
| Department Head or Team Lead | Name/Date/Signature |
| Department Head or Team Lead | Name/Date/Signature |

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| --- | --- |
| **{{ Complaint\_Investigation\_Report }} approved by:** | |
| {{ QualityOrganizationHead }} | Name/Date/Signature |