**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:** |
| Managing Director Tradelaw | Name/Date/Signature |