**Complaint Notification**

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| **Complaint Received by:** | |
| **Company Employee’s name** |  |
| **Notification way**  **Written  Verbal** | **Date/Signature** |

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| **Complainant’s Details** | |
| **Person/Organization** |  |
| **Address** |  |
| **Telephone number** |  |
| **E-mail** |  |
| **Complainant is able to provide product samples** | **YES  NO**  **Comments:** |

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| **Product Details** | |
| **Name of product** |  |
| **Strength of product** |  |
| **Lot/Batch number** |  |
| **Manufacturing date** |  |
| **Expiry date** |  |
| **Product packaging details** |  |
| **Description of complaint** |  |

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| **Complaint submission to QM** | |
| **This filled out form is received by an employee (Quality Organization representative)** | **Date/Signature** |
| **Assigned Complaint Reference Number (CRN)** |  |