

Complaint No:		Complaint Date:	
Complainant/Organization:			
Contact Information (E-mail / Phone)			
Channel Received (Website, Email, Phone, etc.):			
Subject of the Complaint			
Description of the Complaint			
Confirmed that the complaint is related to the laboratory's activities? (Y/N):		Confirmed that the complainant is an interested party? (Y/N):	
Supporting document / evidence provided? (If yes, please specify):			
Complaint Owner (TQM or Lab Director):			
Review Status: (e.g., under review, in progress, closed)			
Feedback and Dates (Record each feedback item and date separately.)			
Complaint Received:	Content		Date
Review Process:	Content		Date
Outcome / Decision:	Content		Date



COMPLAINT FORM

Document No: VD-FR-21	Issue Date: 07.04.2025	Rev No: 00	Rev Date: 00.00.0000
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Closure:	<i>Content</i>	<i>Date</i>
Actions Taken (if any) – Corrective Action		
(If applicable, describe the actions taken.)		
Additional Notes (if any):		