
	COMPLAINT/SUGGESTION FORM	
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Subject/Description of the Complaint/Suggestion			
Product Batch No:			
Country:			
Number of products for which the complaint occurred:			
Complaint/Suggestion Submitted by: <i>(Company Name, Title, Name)</i> Address: Telephone: e-mail:			
History		No	
The party receiving the objection/complaint/suggestion			



EVALUATION			
Complaint/Suggestion Is this related to laboratory activities?	YES <input type="checkbox"/>	NO. If no, then the reason is...	Name Surname/Signature
	History:		

Providing feedback to the complainant/suggestor regarding acceptance.				
Personnel Name, Surname and Date:				
Notification Method and Registration Information:				
Evaluation of the Complaint/Suggestion (Explanation, if any)				

Evaluation Date:				
Complaint/ Evaluating the Proposal	Name Surname/Signature	Should a non-conformity and corrective action be initiated?	DF No	

ACTIVITY PLAN			
Activity	Responsible	Deadline	Signature

Providing feedback to the complainant/suggestor regarding activity planning.			
Personnel Name, Surname and Date:			
Notification Method and Registration Information:			

	COMPLAINT/SUGGESTION FORM	
<div>Complaint/Suggestion Result:</div>		
<div>FEEDBACK ON THE RESULTS</div>		
<div>Providing feedback on the outcome to the person who made the complaint/suggestion.</div>		
<div>Personnel Name, Surname and Date:</div>		
<div>Notification Method and Registration Information:</div>		
<div>Explanation:</div>		