

CUSTOMER COMPLAINT FORM

Date :

Time :

For Laboratory Use Only

No. of Complaint :

Type of Complaints

- ☐ Verbal
☐ Written
☐ Mass media

A. Complaints:

- ☐ Delay in reporting result.
☐ Unable to trace result.
☐ Quality of service.
☐ Discrepancy of result.

☐ Others. Please specify _____

B. Immediate Action :

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Name of receiver :

Position :

Signature :

Can we contact you?

If yes ,

Name:

Address

Signature :

Phone Number :

Investigation and corrective / Preventive Action:

Investigation / Root cause :

Corrective / Preventive Action :

Review by Laboratory Director.

Signature :

Date :

Attended by :

Date :

Department / Section :

Signature :