

INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT) UNIVERSITI SAINS MALAYSIA (USM)

Advanced Diagnostic Laboratory



CUSTOMER COMPLAINT FORM

Date :]	For Laboratory Use Only				
Time :]	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	25 20 20 20				
B. Immediate Action :						
For Laboratory Use Only						
Name of receiver : Position :						
Signature :						
Can we contact you? If yes ,						
Name:		Signature :				
Address		Phone Number :				

Note: Thank you for your suggestions. We will respond to you as soon as possible.

Investigation and corrective / Preventive Action:						
	Investigation / Root	cause :				
						
	Corrective / Prevent	tive Action:				
						
_						
Review by Laboratory Director.						
Si	gnature :		Date :			
Λ 4.4	anded by					
Αtt	ended by :		Date :			
De	partment / Section :		Signature:			