

COMPLAINT

OBJECTION

Date Recorded:

Complaint / Objection Number:

Submitter Details:

Tel: fax: email:

Problem description:

The author of the Bulletin:

THE QUALITY MANAGER SHALL:

Members of the Complaints-Objections Committee:

..... (Name) (Credit)	Date: .. / .. / ..:
..... (Name) (Credit)	Date: .. / .. / ..:
..... (Name) (Credit)	Date: .. / .. / ..:

Corrective actions / decision of the Complaints Committee (where applicable):

Informing the objector/complaint:

Share to:

Relevant preventive actions of the Agency:

Admin Approval :

The above corrective and preventive actions have been completed effectively

Signature of M.D.P.: