**Customer Complaint Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Identification:**

|  |  |
| --- | --- |
| Customer Name:  E-mail address:  Tel (office/mobile): |  |
| **Product description:**  ***(Form / Code)*** |  |
| **Batch number of the product:** |  |
| **Delivery date of the product:** |  |
| **Defected quantity:** |  |

1. **Assessment of the complaint:**

**A – Quality Defect:**

A1- Faulty Manufacture

A2- Product Deterioration

A3- Detection of Falsification

A4- Non-compliance with product specifications file or marketing authorization

A5- Other serious quality problems **……………………………………………………………………**

**B – Distribution Problems**

B1- Lack of Communication

B2- Stock Availability

B3- Delivery Speed

**C – Other Issues ……………………………….………………………………………………**

**……………………………….…………………………………………………………………………..**

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1. **Object of the complaint:**

**------------------------------------------------------------------------------------------------------------**

**------------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------------**

**(Please join your complaint with samples of defected products)**

**Complainant stamp and signature**

**………………………..…………….**

|  |  |
| --- | --- |
| Reserved to Alfa Laboratories: | No:\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Class of complaint :** | Critical | Major | Minor |

**In case of Quality Defect, DCPA (E14.01) No.: …………………………**

1. **Investigation and Decision Making:**

**------------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------------**

1. **Root Cause Analysis:**

**------------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------------**

1. **Corrective and Preventative Actions:**

**------------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------------**

**Signature: ………………………….**  **Date: ………………………….**

1. **Forwarded to QA:**

**Date: ………………………….**  **QA Pharmacist Signature: ………………….**

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