Complaint Details Form

(Ref. SOP QMS-055)

Complaint Ref. No:	**XXX-YYY-ZZ-AA (see SOP QMS-055)**
Date:	
Complaint title:	
Priority:	

Product Details	
Product:	
Product code:	
Batch no/Expiry:	
Date Sample Received:	
No. of Samples received	

Caller Details	
Title:	
First name:	
Surname	
Telephone:	
Street/PO Box:	
City:	
State:	
Post Code:	
Caller Profile:	

Send the completed form to QA for further investigation

Description
Further comment