



**Title: Complaint register form**

<b>Complaints Reference No.</b>	
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**Complaints Description:**


*This part is to be filled by the quality officer*

**Details of the complainant:**

<b>Name:</b>	
<b>Organization</b>	
<b>Tel:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>Postal Address:</b>	

*This part is to be filled by the complainant, unless the complaint is received over the telephone then it will also be filled by the quality officer*

**Analysis Results of Complaints, including activities related to complaint and employees affected:**




**Title: Complaint register form**

**Conclusions:**

Corrective Actions needed (*please tick as appropriate*)

Yes

No

**If yes:**

#	Corrective Action	Responsible Person	Target Date

**Notice to Complainant:**

Date Sent: \_\_\_\_\_

Sent via: \_\_\_\_\_

Approval of AU Director: \_\_\_\_\_

Copy to (*please tick as appropriate*):

- In Charge of section .....
- Complaint File .....
- AU Director .....