



## Title: Complaint register form

Complaints Reference No.

Complaints Description:


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

Details of the complainant:

Name:	
Organization	
Tel:	
Fax:	
Email:	
Postal Address:	

*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:




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## Conclusions:

**Corrective Actions needed (*please tick as appropriate*)**

Yes  No

If yes:

## **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 .....