



Complaints registration form

Complaint received	
Date	
Name recipient complaint	
Product type and quantity	
Invoice number/lot number	
Complaint submitter/company name	
Debtor number	
Contact person	
Phone	
E-mail	

Complaint concerning	Explanation
Quality	
Wrong quantity delivered	
Not delivered on time	
Wrong type/size delivered	
Wrong packaging	
Other	
Related to MPS-ABC	
Cause of complaint	

Complaint handling & corrective measures	
Name of practitioner	
Is the complaint justified?	Yes No
Corrective action(s)	
Preventive action(s)	
Result	
Date completed	

