



**OFFICIAL USE ONLY:**

MODE OF COMPLAINT:  by phone       in person       in writing       Social Media

RECEIVED BY: \_\_\_\_\_ SIGN \_\_\_\_\_ DATE: \_\_\_\_\_

ROUTED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

ACKNOWLEDGEMENT INFORMED:  by phone       in person       in writing       Social Media

ACKNOWLEDGEMENT BY: \_\_\_\_\_ SIGN \_\_\_\_\_ DATE: \_\_\_\_\_

WAS FEEDBACK PROVIDED TO CLIENT?       Yes       by phone       in person       in writing       Social Media  
 No

FEEDBACK PROVIDED BY: \_\_\_\_\_ SIGN \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS (including the actions taken with Corrective Action Record form number, and summary of the corrective action):


STAFF NAME & SIGNATURE: \_\_\_\_\_

CLOSED DATE: \_\_\_\_\_

QUALITY MANAGER SIGNATURE: \_\_\_\_\_

<b>Medicine and Therapeutic Goods Division, Maldives Food and Drug Authority</b>		Authorized by: Director General, MFDA		
Doc. No: MTG/QP-CC/Fo 0056	Doc. Name: <b>MTG Complaint and Incident Form</b>			
Issue No: 01	Issue Date: 14.03.2021	Prepared by: Quality Manager, MFDA	Approved by: Deputy Director General, Pharmaceuticals	Copy Letter: MTG/RE SOP 003-1
Revision No: -	Revised Date: -	Verified by: Technical Committee of MTG	Page No: Page 2 of 2	