## **CUSTOMER COMPLAINT AND INCIDENT FORM**

Dear customer,

Your views are important to us and it will assist us in improving our service to the public.

a) Customer details (optional, please provide details if you would like to receive a response to your complaint)
Customer Name:
Address:
Telephone: (H) (M)
E-mail:
Note: Customer details are STRICTLY CONFIDENTIAL
b) Complaint
Description of complaint: (Include place, date, and time of any relevant event, product brand name, manufacturer, batch no., expiry date, etc.)
c) Control (Immediate Action taken)
d) Your suggestion
Do you have any suggestion(s) as to how your complaint can be resolved?

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

OFFICIAL USE ONLY:						
MODE OF COMPLAINT: □by phone	□in pe	rson	□in w	riting	□Socia	al Media
RECEIVED BY:		SIGN			DATE: _	
ROUTED TO:		DATE:				
ACKNOWLEDGEMENT INFORMED: $\Box$ by pho	one	□in pe	rson	□in wr	iting	□Social Media
ACKNOWLEDGEMENT BY:		SIGN			DATE: _	
WAS FEEDBACK PROVIDED TO CLIENT? FEEDBACK PROVIDED BY:	$\square$ No			•		□in writing □Social Media
COMMENTS (including the actions taken wind action):						and summary of the corrective
STAFF NAME & SIGNATURE:						
CLOSED DATE:						
QUALITY MANAGER SIGNATURE:						

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