CLIENT DETAILS

**NAME OF COMPANY:**

**ADDRESS:**

**Telephone number, FAX:**

**Protocol Number of Project:**

**Procedure that concerns the complaint:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessment procedure |  | Results of assessment |  | Other |  |
| Suitability of Equipment |  | Suitability of Employees |  | Suitability of Offices |  |
| Other(describe) |

*Note: In each box tick (***✓***) the complaint for the particular procedure*

**Detailed Description of the complaint:**

|  |
| --- |
|  |
| Date of submission of the complaint : | Full name & Position of the authorized person that submitted the complaint : |
| The Technical Manager was informed (date & signature) : |

**Assessment of the complaint and Result:**

|  |
| --- |
|  |
| Date of the assessment of the complaint: | Signature of the Responsible Quality Assessor:  |

|  |  |
| --- | --- |
| **Actions taken to Improve :** | *The code number of the related action taken*  |
|  |  |
| **Formal Written statement to the client that submitted the complaint:** | *The date of the document is referred and there is also a copy attached with the signature of the Technical Manager* |