

Complaint and Appeal Report

Sr. No. :		Date :	
Sender's name & address :			
Contact person :		Contact No.:	
Receiving mode :		<ul style="list-style-type: none"> • Written Letter ref no. • Verbal from 	
Nature of complaint / Appeal		<ul style="list-style-type: none"> • Product Related <input type="checkbox"/> 	<ul style="list-style-type: none"> • Non product related <input type="checkbox"/>
Information recorded by:			Date:
Brief Description of complaint / appeal:			
Evaluation of complaint / appeal and Action Plan:			
Evaluated by:		Approved by:	
Date :		Date :	
Action taken:			
Result of Action taken		<input type="checkbox"/> Complaints Appeal resolved. <input type="checkbox"/> Isolated case. <input type="checkbox"/> Others:	
Corrective / preventive action required: Yes <input type="checkbox"/> No <input type="checkbox"/>		Ref No of CAPA raised: Need to update risk register:	
Acceptance by Customer:			
Complaint/ appeal closed by:		Closure action:	

