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|---|------------|--------------------|--------------|
| CUSTOMER COMPLAINT REPORT | | CCR No. | |
| | | Date: | |
| Customer: | | P.O. | |
| File No.: | | Invoice: | |
| Address: | | | |
| Product: | | Despatched: | |
| Serial No.(s): | | | |
| Manufacturer / Supplier | | | |
| MHRA Risk assessment carried out Yes No | | | |
| <u>Nature of Complaint:</u> | | | |
| | | | |
| <u>Result of Investigation:</u> | | | |
| | | | |
| Signed: | | Date: | |
| <u>Corrective Action:</u> | | | |
| <u>External:</u> | | | |
| | | | |
| <u>Internal:</u> | | | |
| | | | |
| Signed: | | Date: | |
| MHRA Informed? | YES | NO | QC 12 |