

COMPLAINT FORM

Description of Complaint:

Product Details

Product Name : _____
Batch no. : _____
Mfg. Date : MM/DD/YYYY
Expiry Date : MM/DD/YYYY
Details of the complaint : _____

Complainant Details

Full Name : _____
Telephone : _____
Email Address : _____
Address : _____
City : _____
Country : _____
Complainant Occupation : _____
Any Other Information : _____

Note: Physical Sample will be required to evaluate the complaint.