



## **COMPLAINT HANDLING** **FORM**

### **Part 1: For CILM customer**

**Description of complaint:**

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Date:    /    /   

### **Part 2: For CILM's staff**

Description of feedback provided including description of resolution of complaint:

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Name, date, and signature of Laboratory Manager for completion of this form:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*After completion give this form to the Quality Officer for archiving*