



NATIONAL HEALTH PRODUCTS  
QUALITY CONTROL CENTER

Code : FO/NHQC/PD/11.01

Page: 1/3

Version: 00

Date of issue: 08/08/2023

Effective date: 08/09/2023

FORM  
COMPLAINT

Section A - Complainant Information

Complaint No.

Name of Company/Institution

Address

Phone number

Name of Complainant

Date of Complaint submitted

Method of Complaint  
submitted

- Direct information
- Email
- Phone
- Other:.....

Nature of Complaint:

Received by:

Date:

Reviewed by:

Date

Related Unit for this complaint

Received by:

Date:

Modified date

08 / 08 / 2023



NATIONAL HEALTH PRODUCTS  
QUALITY CONTROL CENTER

Code : FO/NHQC/PD/11.01

Page: 2/3

Version: 00

Date of issue: 08/08/2023

Effective date: 08/09/2023

FORM  
COMPLAINT

**Section B – Action to Address the Complaint (to be filled out by related unit)**

Correction/Immediate Action

Is correction/immediate action required?

Yes

No

If Yes, describe the action, including the PIC and timeline

If No, provide the justification

Corrective Action

Is corrective action required?

Yes

No

If Yes, provide the CAPA no.

*(Note: CAPA form shall be attached to this form)*

If No, provide justification

Prepared by:

Date:

Reviewed by:

Date

Modified date

08 / 08 / 2023



**NATIONAL HEALTH PRODUCTS  
QUALITY CONTROL CENTER**

**Code : FO/NHQC/PD/11.01**

**Page: 3/3**

**Version: 00**

**Date of issue: 08/08/2023**

**Effective date: 08/09/2023**

**FORM  
COMPLAINT**

**Section C – Results and Conclusion (to be filled out by Customer Service Unit)**

Response provided to Customer based on the action taken:

Date of responses provided to Customer:

Prepared by:

Date:

Reviewed by:

Date

**Modified date**

08 / 08 / 2023