

Subject-Definition of Complaint/Suggestion						
Owner of Complaint/Suggestion: (Company Name, Title, Name) Address: Telephone: e-mail:						
History				No		
Receiving the Objection/Complaint/Suggestion						
EVALUATION						
Is the complaint/ suggestion related to the laboratory activity?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If No, Reason	Name Surname/Signature
	History:					
Name, Surname and Date of the Personnel Who Provided Feedback to the Complaint/Suggestion Owner on Acceptance:						
Evaluation of the Complaint/Suggestion (Explanation, if any)						
Evaluation Date:						
Complaint/ Evaluating the Suggestion	Name Surname/Signature		Should Corrective and Remedial Action Be Taken?		DIF No	
ACTIVITY PLAN						
Activity		Responsible		Deadline		Signature
Name, Surname and Date of the Personnel Who Provided Feedback to the Complainant/Suggestion Owner on the Activity Planning:						
Complaint/Suggestion Result:						
FEEDBACK FOR RESULT						
Name, Surname and Date of the Personnel Who Provided Feedback to the Complaint/Suggestion Owner about the Result:						
Explanation:						