

Complaint Form

Complaint Reference No.:

Name of Recipient:

**Complaint Reporter (Doctor,
Pharmacist, Patient, Parent,
Wholesaler...etc.):**

Name of Reporter:

Phone Number of Reporter:

Address of Reporter:

**Date and Time of Received
Complaint:**

**Method of Receiving the
Complaint (Phone, Email,
Verbal):**

**Nature of Complaint (Product
Technical Complaint "PTC" or
Adverse Event):**

Related Product Name:

Related Product Batch No.:

Related Product Expiry Date:

Complaint Form

Quantity of Defected Product Concerned:

Type of Defect (Malfunction, Broken, Package Issues...etc.):

Detailed Description of the Complaint (Defect):

Will Related Product be Withdrawn?

Agreement of the Reporter to be Contacted Again Should Further Information be Required?

Storage Conditions of Product:

Seriousness of Adverse Event (Life Threatening, Serious, Non-Serious)

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What is the Physiological, Pathological Condition of the Patient?

Storage Conditions of the Product:

Does the Patient Use Any Other Medication Parallel to RDS Product? If Yes, Please Specify:

What is the Administration Method Used by the Patient?

Any Other Specific Product Issues Met When Taking the Product?