

QUALITY FORM

QF 7.9-1 COMPLAINT CARD

Incoming No/ Date	
Reason for submitting the complaint (one or more).	Organization data
data not included in a test report (Please mention contract award document and Test Report number)	Name of the legal entity:
unfulfilled arrangements (please indicate the document where they are mentioned)	
missed deadlines (please indicate the document where they are mentioned)	Address:
test/sampling protocol error (Please mention contract award document and Test/Sampling Report number)	Contact person:
suspected wrong result (Please mention contract award document and Test Report number)	
suspected incorrect sampling/testing (Please mention contract award document and Test/Sampling Report number)	Phone:
non-compliance with a code of ethics	e-mail :
I would like to receive an	By courier to the address:
answer:	on e-mail address:
	Personal
Briefly described the complaint .	
Request by the client for further	actions by the laboratory :
Deadline for response :	
In the bearer of the complaint : / surna	Accepted the appeal : / surname , signature /

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