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| **Caribbean Public Health Agency (CARPHA) Laboratory Procedure Manual**  |
| **Title: Customer Feedback Form** | **Doc No: FOR-Q10-001** |  |
| **Section: QSE 10 – Service and Satisfaction** | **Effective date: 01.04.2017** | **Edition: 01** |

# CUSTOMER FEEDBACK FORM

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| **Date Reported:**  | **Received By:** | **Control No:** |
| **Source of Feedback** |
| **Name (Individual and Company if applicable):** **Address:****Phone: E-Mail:**  |
| **Comment Description** |
|  |
| **Is this a Complaint \_\_\_\_\_\_\_\_\_\_ (Tick as appropriate)** |
| **Immediate Action Taken (if applicable) TO BE COMPLETED BY CARPHA** |
|  |
| **Investigated By:**  | **Date:** |
| **Corrective Action or Response (TO BE COMPLETED BY CARPHA)** |
|  |
| **Prepared By:**  | **Date:** |

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Unit Supervisor) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Quality Manager) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_