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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

|  |  |  |  |
| --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_