

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Complaint In-take Information / Initiation Form** Number: **Q13-PR-100-F019**Owner: **Deborah Durbin**Revision: **01**Effective Date: **05/04/16**Page: **1 of 2****Complainant Information:**

Company:	Name:
Phone:	Email:
Address:	
Special Instructions/Communication Restrictions:	

Product Information:

Name:
Description:
Lot#:
Expiry Date:
Quantity:
Additional Information (BOL#, PO#, Ship Date etc.):

Nature of Complaint (including how product was used, if applicable):☐ **Sample Available****Actions taken by complainant:****Reply given to complainant:**

In-take Completed By: _____

Date: _____

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Complaint In-take Information / Initiation Form** Number: **Q13-PR-100-F019**Owner: **Deborah Durbin**Revision: **01**Effective Date: **05/04/16**Page: **2 of 2****To be completed by Quality Unit:****Classification:**Formal ☐ Feedback ☐ Inquiry ☐ SAE ☐ Complaint #: _____Investigation Required? Yes ☐ No ☐ If yes, CAPA#: _____

If no, reason: _____

Closure Information:

Date Open: _____ Date Closed: _____ Number of Days to Close: _____

Repeat Complaint: Yes ☐ No ☐ If yes, how many? _____**Additional Comments:**

Evaluation Completed By: _____

Date: _____

Approval Signatures/Dates: (all applicable parties)				
	Name	Title	Signature	Date
Area Manager				
Quality	Deborah Durbin	Dir. Of Quality		
Operations	Matt Haynes	Dir. Of Operations		

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