

GILES CHEMICAL ~ PREMIER MAGNESIA

Company Procedure

Title: Complaint In-take Information / Initiation Form Number: Q13-PR-100-F019

Owner: Deborah Durbin Revision: 0
Effective Date: 04/10/13 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	d, if applicable):			
	**			
Sample Available				
Actions taken by complainant:				
Reply given to complainant:				
In-take Completed By:	Date:			



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To be completed by Quality Unit:	
Classification:	
Formal Feedback Inquiry Inquiry	SAE Complaint #:
Investigation Required? Yes No No	If yes, CAPA#:
	If no, reason:
Closure Information:	
Date Open: Date Closed:	Number of Days to Close:
	Number of Days to Close:es, how many?
	es, how many?
Repeat Complaint: Yes No No If yo	es, how many?
Repeat Complaint: Yes No No If yo	es, how many?
Repeat Complaint: Yes No No If yo	es, how many?

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