

## Complaint Form

**Complaint Reference No.:** .....

**Name of Recipient:** .....

**Complaint Reporter (Doctor,  
Pharmacist, Patient, Parent,  
Wholesaler...etc.):** .....

**Name of Reporter:** .....

**Phone Number of Reporter:** .....

**Address of Reporter:** .....

**Date and Time of Received  
Complaint:** .....

**Method of Receiving the  
Complaint (Phone, Email,  
Verbal):** .....

**Nature of Complaint (Product  
Technical Complaint “PTC” or  
Adverse Event):** .....

**Related Product Name:** .....

**Related Product Batch No.:** .....

**Related Product Expiry Date:** .....

## Complaint Form

**Quantity of Defected Product Concerned:**

**Type of Defect (Malfunction, Broken, Package Issues...etc.):**

**Detailed Description of the Complaint (Defect):**

**Will Related Product be Withdrawn?**

**Agreement of the Reporter to be Contacted Again Should Further Information be Required?**

**Storage Conditions of Product:**

**Seriousness of Adverse Event (Life Threatening, Serious, Non-Serious)**

## **Complaint Form**

**What is the Physiological, Pathological Condition of the Patient?**

**Storage Conditions of the Product:**

**Does the Patient Use Any Other Medication Parallel to RDS Product? If Yes, Please Specify:**

**What is the Administration Method Used by the Patient?**

**Any Other Specific Product Issues Met When Taking the Product?**