KORTEK	KORTEK TEST LABORATORY	Document Code	P13-F01
		Effective Date	24.07.2024
	COMPLAINT/REQUEST FORM	Rev. No / Date	00/-
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* ☐ Complaint / ☐ Request No:	Tarih:
Name-Surname-Title of the Complaint/Request Owner:	Name-Surname-Title of the Complaint/Request Recipient:

Complaint/Request Submission Method	Verbally ☐ E-mail ☐ Fax ☐ Survey ☐ Other☐ (.....)

Description of Complaint/Request:

Evaluation of the Complaint/Request:	Complaint/Request Acceptance ☐	Rejection of Complaint/Request ☐

Evaluator:	Planned Activity: Target Date:
Name(s) and Title(s) of Responsible Person(s): Date:	Performed Activity:

To be completed by the Laboratory Quality Manager

Findings to be Shared with the Complainant:

This section is to be filled out by the Laboratory Manager / Laboratory Quality Manager

Is the Action Taken Sufficient? ☐ Yes ☐ No

Corrective Action Not Required. ☐	Corrective Action Required. ☐ CA No:

Customer/Staff Notification was made on ..... date.

Approval for Complaint Closure

Date-Signature