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Non - Conformances-Description of Complaint -SOP 3.2.3a

Conducted On



Prepared by

Location



Source of Complaint

Source of Complaint

Customer Consumer Regulatory agency - Please specify

Yes No N/A

Name and address of Branch involved

Complainant Details:

Customer Name

Complainant address:

Complainant Contact Number:

Complainant Email address:

Sex (Female/Male)

Food Consumed

Yes No N/A

Date and Time Consumed

Type of Complaint

Product quality Illness Allergen Foreign body - Please specify

Product Details

Product Name

Batch Code:

Production Date:

Best Before/Used By Date:

Delivery Date

Quantity Purchased

Complaint details

Brief details:

Photo evidence



Have they suffer any injury?

Yes No N/A

Do they have any medical evidence?

Yes No N/A

Do they have receipt of any expenses incurred?

Yes No N/A

Have they reported the complaint to any third party e.g. Individual or government organisation?

Yes No N/A

Root Cause

Brief Details:

Response to complainant

Brief Details

Is product Withdrawal /Recall required?

Yes No N/A

Corrective action required?

Yes No N/A

Action to be taken- Corrective Action

Brief details of action

undefined

Complaint closed off

Completed by

Date completed

Signed



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