

Complaint Form

Number: _____

Customer Name: _____ Date: _____

Feed/Formula: _____ Amount: _____

Employee Name: _____

Description of the Issue: _____

Retained Sample: Yes No

Requested Assays: _____

Sample Obtained: Yes No

Requested Assays: _____

Name of Employee receiving the complaint: _____

Date of Complaint: _____

Complaint Follow-Up

Name: _____

Complaint Number: _____

Date: _____

Brief Description of the complaint: _____

Describe the actions that have taken place to resolve this issue: _____

Results of Assays Requested: _____
