


Format: QMS/FMT/002 Revision No: 1 Effective Date: 20 June 2022	Department/Division/Office/Unit	Office of Director General
Document Type: Form		Doc. No : ODG/QMS/FOM/012
 RWANDA FDA <small>Rwanda Food and Drugs Authority</small>	Title: CUSTOMER COMPLAINT FORM	Revision Number : 1
		Revision Date: : 23/11/2022
		Effective Date : 28/11/2022
		Review Due Date : 27/11/2025
		Ref Doc. : ODG/QMS/GDL/001

1. Complainant details			
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Title (Dr, Mr., Mrs., etc.)			
Names			
Physical Address			
Postal Address			
Home telephone number	Business telephone number	Mobile telephone number	Email address

2. Details of products or services about which complaint is made			
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Products		Services	
Date and Time of purchase		Date and Time service was rendered or service	
Name of Product		Type of Service	
Name of Supplier		Name of Rwanda FDA Officer involved	
Name and address of manufacturer			
Batch. Number			
Manufacturing Date			
Expiry Date			

3. Detailed description of Complaint

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Signature of the Complainant		Date	
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FOR OFFICIAL USE ONLY

Complaint received by		Date Received	
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Mode of complaint receipt	<input type="checkbox"/> Written <input type="checkbox"/> Complaint <input type="checkbox"/> Email Complaint <input type="checkbox"/> Telephones <input type="checkbox"/> Social Media <input type="checkbox"/> other		
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Concerned dept./division/office/unit		Date Received	
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Classification of complaints	Types of complaints <input type="checkbox"/> Services <input type="checkbox"/> Regulated products <input type="checkbox"/> Other (Specify.....)	Types of customer <input type="checkbox"/> External <input type="checkbox"/> Internal
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Is the complaint genuine?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Quality Assurance Office		Date Received	
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Comments:

