



E 127-129, North Western Industrial Zone, Bin Qasim,
Karachi
Quality Assurance

COMPLIANT FORM

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Page # 1 of 1

COMPLAINT			
Category	<input type="checkbox"/> Internal complainant	<input type="checkbox"/> Market Complainant	
Source of complaint	<input type="checkbox"/> Complaint Form <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Telephone		
COMPLAINANT INFORMATION			
Date of complaint		Email Address	
Name		Address	
Designation		Phone #	
Department		Company Name	
Signature		Sign Department Head.	
Description of complaint			
Sign By/On: _____			
QUALITY ASSURANCE DEPARTMENT			
Complaint Number		Date	
Complaint	<input type="checkbox"/> Justified	<input type="checkbox"/> Not Justified	
Investigation Report #			
Root Cause			
Sign By/On: _____			
CONCERNED DEPARTMENT			
Justification(Attach Additional sheet and supporting document, If required)			
SignBy/On: _____			
QUALITY ASSURANCE DEPARTMENT			
QA Remarks:			

CA required	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA reference #	
Compliant Status: <input type="checkbox"/> Closed <input type="checkbox"/> Not Closed Reviewed By/On: _____			