مؤسسة الخليج للأدوية
Gulf Drug Establishment

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This form is to be used by customers who wish to make a formal complaint in regards to any of the services provided by Gulf Drug Establishment.

Gulf Drug Establishment is committed in providing quality service to its customers and therefore any complaint lodged by a customer will be treated accordingly.

All complaints will be reviewed within 14 days of the lodgement of this form.

Please fill out the form completely and fax or mail it to us on the above number or address.

CUSTOMER COMPLAINT FORM

1 Date Problem Occured	Date(s) You Complaint to Company	To whom
Products or Service Involved		

2 Customer Name		Company
Telephone No.	Fax No.	Issued To:_____ This section to be completed by relevant Dept. Head/ Function responsible

3 Nature of Complaint *Enclose other related documents, if there's any. Do not send originals. If you need additional space, attach another sheet.*

	Today's Date	Your Signature

Company Use Only - Customer please do not write below this line.

Analysis and Corrective Action *(This section to be completed by person investigating the problem and must include root cause if applicable)*

Signature	Title	Today's Date

Management Representative's Review

	Signature	Today's Date