AMSTER SPECIALITY LABORATORY
PERUMPADAPPA, PUTHANPALLI

CUSTOMER COMPLAINT REVIEW RECORD

No. | | Date | | | |

Complained Initiated by	Name : Address: ...……. ……. …..... Tel. No. : …….
Nature of complaint :	
Supporting documents, if any : a) b) c) d)	
Action taken : Communicated to Customer: YES / NO If yes, By: On:	

Signature of the Customer