

Complaint investigation & Corrective/Preventive Action Form

Complaint record			
To be completed by customer			
Customer Name			
Complaint # (NCR#)			
Product Name			
Agreed Standard	USP	EP	BP
	In-house	Other	
Batch Number:			
Delivery date			
Product storage condition			
Description of Complaint			

How many packages out of the whole batch had the problem?

One single package

Several packages (Please fill in the specific quantity below)

All the batch

More details:

Which stage the problem had been found?

Receiving the goods

Visual inspection

Testing

Storage

In the production

Entering into the market

Other

More details:

Supporting Evidence(Please kindly send us the following attachment if available):

Test report

Pictures

Others

Expected Solution: (How do you want us to solve this complaint)

Sign:

Date:

<p align="center">Immediate Reaction to the Complaint</p> <p align="center">(Within one working day after receiving the complaint)</p>		
To be completed by Nutralong		
Receiver Date:		
NCR#		
Immediate Measures:		
Initial feedback:		
Supplementary:		
Sign(QC):	Sign(sales):	Date:

CAPA Report

Root cause:

Treatment scheme:

CAPA:

Sign(QC):

Sign(sales):

Date: