



Document Title:  
**FEEDBACK / COMPLAINT FORM**

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Date Submitted:	Submitter:	C/A #: P/A #	Revision: Revised:	Date
	<b>Internal / External:(Specify)</b> Customer complaint Documentation issue Contracted services issue Other:	<b>Customer:</b> <b>Facility:</b> <b>Phone:</b> <b>Customer Contact:</b>		

**Problem Statement:**

**Problem Description:**

**Immediate fix (24 Hours):**

**Verification of Corrective / Preventive Action Plan:**

**Date Verification Completed:**

**Verified By:**

**Cause(s) to be Corrected and Why:**

**System Changes To Prevent Re-Occurrence:**

**Long Term Solution Plan:**

**Long Term Solution Implemented:**

**Doc change req'd**  
**Training req'd**

**DCR #**  
**Training record**

**Date Closed:**

**Audit date:**