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| **Complaint Reference No.:** | **……………………………………………………………………** |
| **Name of Recipient:** | **……………………………………………………………………** |
| **Complaint Reporter (Doctor, Pharmacist, Patient, Parent, Wholesaler…etc.):** | **……………………………………………………………………** |
| **Name of Reporter:** | **……………………………………………………………………** |
| **Phone Number of Reporter:** | **……………………………………………………………………** |
| **Address of Reporter:** | **……………………………………………………………………** |
| **Date and Time of Received Complaint:** | **……………………………………………………………………** |
| **Method of Receiving the Complaint (Phone, Email, Verbal):** | **……………………………………………………………………** |
| **Nature of Complaint (Product Technical Complaint “PTC” or Adverse Event):** | **……………………………………………………………………** |
| **Related Product Name:** | **……………………………………………………………………** |
| **Related Product Batch No.:** | **……………………………………………………………………** |
| **Related Product Expiry Date:** | **……………………………………………………………………** |

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| **Quantity of Defected Product Concerned:** |
| **Type of Defect (Malfunction, Broken, Package Issues…etc.):** |
| **Detailed Description of the Complaint (Defect):** |
| **Will Related Product be Withdrawn?** |
| **Agreement of the Reporter to be Contacted Again Should Further Information be Required?** |
| **Storage Conditions of Product:** |
| **Seriousness of Adverse Event (Life Threatening, Serious, Non-Serious)** |
| **What is the Physiological, Pathological Condition of the Patient?** |
| **Storage Conditions of the Product:** |
| **Does the Patient Use Any Other Medication Parallel to RDS Product? If Yes, Please Specify:** |
| **What is the Administration Method Used by the Patient?** |
| **Any Other Specific Product Issues Met When Taking the Product?** |