

Internal Inquiry/Complaint

Person initiating complaint/inquiry	
Date	
Information taken by/left with	

Notes: (describe Quality Related issue concerning the Management System)

Was the matter resolved during the conversation? Y / N
If yes how? If no explain how the matter was left.

Follow up: Complaint form forwarded for completion to: _____ Date: _____

Review/comments: (consider how complaint/inquiry affects all aspects of work? does the matter bring additional issues to light?)

Quality Manager (QM/AQM)/Director Review:

☐ Complaint reviewed no follow up needed.

☐ Complaint reviewed follow up needed, not QAR

☐ Complaint reviewed QAR needed. Note QAR Number: _____

Notes (if needed):

Person Initiating Inquiry: _____ Date: _____

Quality Manager (QM/AQM): _____ Date: _____

Deputy Director: _____ Date: _____

This form to be filed with the Quality Section.