




**DIRECTORATE GENERAL OF DRUG ADMINISTRATION
MINISTRY OF HEALTH AND FAMILY WELFARE, BANGLADESH**

Authorized Personnel Only

Annex-1						
	FORM Title: Customer Complaint Form					
Form No.	Version No.	Effective Date	Review Date	Approved by	Date	Page No.
NRA-RS-010/F01-01	02	MAR' 2023	MAR' 2028		15.03.23	01 of 01

1. Customer Details:

Name:		Signature & Date:	
Designation:		E-Mail Address:	
Organization:			
Address:			

2. Complain in Details (If needed use additional pages)

Complain in details:

3. Responsible function of DGDA use only:

Complaint Reference Number:	
Complain Received by (Assigned person):	Date & sign:
Complain forward by (QMS officer):	Date & sign:
Complain to (AD, Admin):	Date & sign:
Category of the complain :	a) Administrative complain b) Functional complain
If functional, Complain forward to (Function):	Date:

Complaint Category							
Accessibility	Reliability	Timeliness	Fair	Policy & Procedure	Professionalism of DGDA Person	Communication	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IF THIS DOCUMENT IS SIGNED BY BLUE INK, IT IS A MASTER DOCUMENT AND CANNOT BE USED.