



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

Authorized Personnel Only

Annex-2						
	FORM Title: Customer Feedback Form (DGDA's feedback to customer)					
Form No.	Version No.	Effective Date	Review Date	Authorized by	Date	Page No.
NRA-RS-010/F05-01	02	MAR' 23	MAR' 28	<i>(Signature)</i>	15.03.23	01 of 01

Dear valued customer

Thank you so much for your complain with our services. As part of our continuous improvement your comments/ complain are so much valuable to us. Your complain / comment helped us for our organizational development.

We are committed to provide continuous service to the people of Bangladesh for public health protection. Considering betterment of public health we are also committed to improve our regulatory standards continuously.

We are very thankful to you.

Please do not hesitate to contact us at Email dgda.gov@gmail.com or fax at +8802 9880854.

YOUR COMPLAIN		COMPLAIN DATE:	
Complain Status:	Solved <input type="checkbox"/>	Hold <input type="checkbox"/>	Cancelled <input type="checkbox"/>
Explanation:			

Acknowledged by:

Approved by:

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