Customer Complaint/Enquiry Form

NP Ref: ___________________ Date Logged: ______________

PAGE 1 - FOR CUSTOMER USE

Note: This form should only be used where the issue is in relation to a product/service which is on a National Contract and/or provided by the NDC.

Name: ____________________________________ Dept: ________________________________
Tel: ____________________________________ E-Mail: ________________________________
Hospital: ________________________________ HB: ____________________________________
IDA: ____________________________________ Date: ________________________________

Please supply details of an alternative contact in the event that the complainant is unavailable.

Name: ____________________________________ Dept: ________________________________
Tel: ____________________________________ E-Mail: ________________________________

Complaint ☐ Enquiry ☐ Information Only ☐ H&S Issue ☐

Have any of the following agencies been contacted regarding this issue

EHQ [Environmental Health Org] ☐ IRIC [Incident Reporting & Investigation Centre] ☐ MHRA [Medicines and Healthcare products Regulatory Agency] ☐

Supplier Name: __________________________ Product Description: ______________________
Supplier Product Code: ___________________ NDC SKU: ____________________________
National Contract Ref: ____________________ Batch/Lot #: __________________________
Order Date: _____________________________ Order #: ____________________________

It is very important that where possible samples are retained to assist in the investigation.

Description of Issue: Please provide as much information as possible (inc photographs if relevant)

Customer Services
National Services Scotland, 2 Swinhill Ave, Larkhall
Tel: 01698 79 4442, 4443, 4502, 4580, 4581
E-Mail: nss.npcustservs@nhs.net
Fax: 01698 79 4405

QM-FOR-003a
Customer Complaint/Enquiry Form

NP Ref: ___________________________ Date Logged: ___________________________

Complaint Handler: ___________________________ Dept: ___________________________

## NDC Stock Results

<table>
<thead>
<tr>
<th>NDC SKU</th>
<th>Batch#</th>
<th>Location</th>
<th>Qty</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Comments: ________________________________________________________________

## Containment Action (Short Term Corrective Action)

Name: ___________________________ Date: ___________________________

## Investigation (Root Cause Analysis)

Name: ___________________________ Date: ___________________________

## Corrective Action (Action Taken to Prevent Recurrence)

Name: ___________________________ Date: ___________________________
## Customer Complaint/Enquiry Form

<table>
<thead>
<tr>
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<th>Date Logged</th>
</tr>
</thead>
</table>

### Conclusion (indicate option using Y)

- **A.** Confirmed
- **B.** Isolated Incident
- **C.** Local Procurement Issue
- **D.** NFF (No Fault Found)
- **E.** User Error
- **F.** Unable to Identify Cause
- **G.** Follow Up Required

**Comments:**

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**Name:**

**Date:**

**Reviewed & Closed By:**

**Date Closed:**