

Laboratory Feedback Form

Feedback Log # _____
Number of Pages Attached: _____

Section 1 – Receipt of Feedback

Originator _____	Date _____
Received By _____	Written Feedback Attached <input type="checkbox"/>
Short Description of the Feedback: 	
<input type="checkbox"/> Complaint resolved by staff member?	Or <input type="checkbox"/> Passed to QM? Date _____
Investigation assigned to _____	QM's Initials _____

Section 2 – Investigation of Facts for Complaints (If this is a Compliment, go to Section 3)

Investigator _____	
Governing Reference _____	in Lab QM <input type="checkbox"/> or applicable standard <input type="checkbox"/>
Has the complaint been substantiated?	Yes - <input type="checkbox"/> No - <input type="checkbox"/> <i>NB: Lab must take some action if there are any "yes" responses.</i>
Is the laboratory's credibility or integrity affected?	Yes - <input type="checkbox"/> No - <input type="checkbox"/>
Would the underlying condition result in a non-conformance?	Yes - <input type="checkbox"/> No - <input type="checkbox"/>
<u>Suggested course of action</u>	
<input type="checkbox"/> Incident and Deviation Report (IDR) raised	
<input type="checkbox"/> Other? _____	<input type="checkbox"/> IDR Number _____
Investigator's Signature _____	Date _____

Section 3 – Action Taken (this section is completed whether or not complaint is resolved)

<u>Compliment</u>	
Date Lab Manager notified: _____	Date compliment was published _____
<u>Complaint</u>	
Date complainant was notified _____	
<u>Completion</u>	
Date feedback action reviewed by QM _____	Final review level (position) _____
Initials of final level review _____	Date feedback action was closed _____