

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

EHO  IRIC  MHRA   
Environmental Health Org Incident Reporting & Investigation Centre 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](mailto:nss.npcustservs@nhs.net)

Fax: 01698 79 4405

Customer Complaint/Enquiry Form			
<b>NP Ref:</b>		<b>Date Logged</b>	

**PAGE 2 ONWARDS - FOR NP USE**

**Complaint Handler:** \_\_\_\_\_ **Dept:** \_\_\_\_\_

NDC Stock Results				
NDC SKU	Batch#	Location	Qty	Status

**Comments:**

Containment Action (Short Term Corrective Action)	
---	--

<b>Name:</b>		<b>Date:</b>	
--------------	--	--------------	--

Investigation (Root Cause Analysis)	
-------------------------------------	--

<b>Name:</b>		<b>Date:</b>	
--------------	--	--------------	--

Corrective Action (Action Taken to Prevent Recurrence)	
--	--

<b>Name:</b>		<b>Date:</b>	
--------------	--	--------------	--

Customer Complaint/Enquiry Form			
<b>NP Ref:</b>		<b>Date Logged</b>	

Conclusion (indicate option using Y)		
<ul style="list-style-type: none"> <li><b>A.</b> Confirmed</li> <li><b>B.</b> Isolated Incident</li> <li><b>C.</b> Local Procurement Issue</li> <li><b>D.</b> NFF (No Fault Found)</li> <li><b>E.</b> User Error</li> <li><b>F.</b> Unable to Identify Cause</li> <li><b>G.</b> Follow Up Required</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Comments:</b> <div style="border: 1px solid #ccc; height: 150px; width: 100%;"></div>
<b>Name:</b>		<b>Date:</b>

**Reviewed & Closed By:** \_\_\_\_\_ **Date Closed:** \_\_\_\_\_