



NATIONAL QUALITY  
TESTING LABORATORIES  
DIVISION

Form No: NQTL/ F-15

Revision: 5

Effective Date:  
25/4/2019

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**Subject**

**Complaint form**

**Customer Details**

Complainant name .....  
Organization.....  
Designation .....  
Physical Address:  
.....  
..... Business  
tel. Number: .....  
Mobile tel. Number: .....  
Email Address: .....

**Complaint details**

Complaint description .....  
.....  
.....  
Date : .....  
Mode of Communication(*tick where appropriate*)  
 VERBAL  
 BY TELEPHONE  
 WRITTEN  
 BY EMAIL

Complaint received by (LDM)

.....  
Signature Date