

Customer Complaint Form

Please provide the key details so we can handle the issue to your satisfaction
Return to complaints.uk@biotest.com

Contact Details

Title		Name	
Department		Organisation	
Address Line 1		Address Line 2	
Town		Postcode	
Phone			
Person to be contacted		E-Mail	

Problem encountered

Date of occurrence	
Description of complaint	
Any supporting data or documents Include reference number of product or order (if applicable)	
Date form completed	
Signature	

Biotest Use

<i>Date received</i>		<i>Date acknowledged</i>
<i>Immediate action taken (if any)</i>		
Proposed action		
Complaint reference		
Due date for a response		
Name of person to follow up		
Status		