NATIONAL REFERRAL LABORATORY ICAR-NATIONAL RESEARCH CENTRE FOR GRAPES, PUNE

CUSTOMERS COMPLAINT/APPEAL REPORT

Name	
Proficiency Test no.	
Laboratory name and	
Laboratory name and	
address	
Complaint/ Appeal	
Name and Signature of	
the laboratory	
representative	
I I I I I I I I I I I I I I I I I I I	
Corrective action	
whenever necessary	
(to be filled by the PT	
provider)	
provider)	

Date:

(PT Coordinator)