

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

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**CUSTOMERS COMPLAINT/APPEAL REPORT**

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

Date:

(PT Coordinator)