



**UNIVERSITY DIAGNOSTIC LABORATORY (UDL)
UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, LAHORE**

UDL/MSF/L4 - 009 (00)	Complaint Form		
Rev. Date	-----	Original Issue:	01-01-2020

Complaint No: _____

Ref No: _____
(Receipt No.)

Complaint raised by Customer/Lab staff/Internal/External auditor/Any other

Dated. _____ Name: _____ Purpose of visit: _____

Address: _____

Contact No: _____ E-Mail: _____

COMPLAINT DESCRIPTION / SUGGESTION:

NOTIFY ME ON THE ACTION TAKEN: YES: _____ NO: _____

Date: _____ Signature: _____

(FOR OFFICE USE ONLY)

DESCRIPTION OF ACTION TAKEN:

Director UDL: _____ Dated: _____