

**STAR TEST LABORATORY**  
**COMPLAINT AND SUGGESTION FORM**

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Publication Date	14.06.2023
Revision Date	-----
Revision No	00

**Item No:**

**Subject of Complaint and Suggestion - Description:**

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Owner of Complaint and Suggestion:  
(Company Name, Job Title, Name&Surname)

Address:

Telephone:

E-mail:

Date:

Signature:

Recipient of Complaint and Suggestion:

**EVALUATION**

Is Complaint & Suggestion related to Laboratory action?

( ) Yes

( ) No

If No, its Purpose:

Name&Surname:

Signature/Date:

Name&Surname who gave Feedback:

Signature/Date:

Evaluation of Complaint & Suggestion (explanation if any)

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Evaluation Date:

Assessor:

Signature:

Nonconformity Form should be opened:

( ) Yes

( ) No

Nonconformity Form Number:

DİF Formu should be opened:

( ) Yes

( ) No

DİF Form Number:

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Result:

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**ACTION PLAN**

Action	Responsible	Deadline	Signature

Result:

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**FEEDBACK**

Was any feedback done to the owner of Complaint & Suggestion by officially  
(with e-mail ile)?

( ) Yes

( ) No

Name & Surname who officially gave Feedback:

Signature/Date:

Explanation: .....  
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