CUSTOMER FEEDBACK FORM

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| **Customer:** |  |
| **Laboratory:** |  |
| **Date Received:** |  |
| **Feedback Method:** | Phone Email (attach copy) Other………………….. |
| **Received by:** |  |
| **Type of Feedback** | Positive Negative Other…………………… |

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| --- |
| **Details of Feedback:***Signed: Date:* |
| **Corrective Action Taken:***Signed: Date:*  |
| **CAR Required? No Yes CAR # :**  |
| **Preventive Action Taken:***Signed: Date:* |
| **Review Required Yes (CAR required) No***Originator Signed: Date:**Coordinator Signed: Date:* |

**\* Attach any relevant information**