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**