



**Centre for Pathology Diagnostic & Research Laboratories  
(CPDRL)  
Faculty of Medicine, UiTM**

**CPDRL COMPLAINT FORM**

Date & Time	
Name of complainant	Name: Designation:
Nature of complaint & details	
Signature of complainant	
ACKNOWLEDGEMENT OF RECEIPT Received by (CPDRL staff)	Name: Designation: Date: Time: Signature/ Initial:



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For Internal Use:

Received by (Science Officer/ Pathologist)	
Action taken by	Name: Designation Date:
Corrective Action(s)	
Preventive Action(s)/ Monitoring	

Signature: \_\_\_\_\_

Official Stamp: \_\_\_\_\_