***FDA/FD/FM-CC/2013/04***

**G H A N A**

 **CONSUMER COMPLAINT**

**1.0 Particulars of Complainant:**

1.1 Name of Complainant……………………………………………………………………………………...

1.2 Postal Address: ……………………………………………………………………………………………… …………………………………....…………………………………………………………………………...

………………………………………………………………………………………………………………..

1.3 Telephone…………………………………Fax…………………E-mail…………………….……………

**2.0 Product Information:**

2.1 Type/ Description of Product: ……………………………………………………………………….………

………………………………………………………………………………………………….........…………….

.

2.2 Brand Name:…………………………………………………………………………………………………

2.3 Name and Address of Manufacturer:………………………………………………………………………...

……………………………………………………………………………………………………………….. ………………………………………………………………………………………………….........…………….

.

2.4 Batch Code/ Batch No./ Lot No.:…………………………………………………………………………….

2.5 Date of Manufacture:…………………………………………………………………………………………

2.6 Expiry/ Best Before/ Use by Date:…………………………………………………………………………...

2.7 Number of Samples Submitted:………………………………………………………………………………

2.8 Place of Purchase:…………………………………………………………………………………………….

2.9 Date of Purchase:……………………………………………………………………………………………..

3.0 Nature of Complaint:…………………………………………………………………………………………

……………………………………………………………………………………………….........………………

……

……………………………………………………………………………………………….........………………

……

…………………………………………………………………………………………….........…………………

……

…………………………………………………………………………………………….........…………………

……

………………………………………………………………………………………….........……………………

……

Signature:……………………………………… Date:………………………………….

**(Complainant)**

Name:………………………………………….

**(FDA Official)**

Signature:……………………………………… Date:………………………………….

**(FDA Official)**

Page 1 of 2

***FDA/FD/FM-CC/2013/04***

For Office use only

**Action Taken**

Name of Investigating Officer:……………………………………..Signature:……….…….…Date:…………..

Signature of Head of Department:………………………………………Date:……………….………………....

Signature of Head of Division:…………………….…………….………Date:……...…………………….……

Page 2 of 2