



FOOD AND DRUGS AUTHORITY

DOC. TYPE: FORM

DOC NO.: FDA/INT/FOR - 07

Page 1 of 2

Ver. No.: 01

Effective Date: 03/04/2023

TITLE: CONSUMER COMPLAINT FORM

1.0 Particulars of Complainant:

1.1 Name of Complainant:.....

1.2 Postal Address:

.....

.....

1.3 Tel:.....Email:.....

2.0 Product Information:

2.1 Type/Description of Product :(Food, Allopathic medicine, Herbal medicine, Food Supplement, Household Chemical or Medical Device)

2.2 Brand Name:.....

2.3 Name and Address 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:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

This documented information is a property of Food and Drugs Authority. Disclosure of the contents to any third party without written consent of the Authority is forbidden.



FOOD AND DRUGS AUTHORITY

DOC. TYPE: FORM

DOC NO.: FDA/INT/FOR - 07

Page 2 of 2

Ver. No.: 01

Effective Date: 03/04/2023

TITLE: CONSUMER COMPLAINT FORM

How the complaint was made:

Letter [] Email [] In-person [] Phone-call []

Social Media [] Other:

Signature: Date.....
(Complainant)

Name: Sign/Date:
(FDA Official)

For Office Use Only

Complaint Evaluation

- Class 1:** A dangerous or defective product that can/could cause serious health problems or death. (*Initiate within 24hrs*)
- Class 2:** A product that might cause a temporary health problem, or pose slight threat of a serious nature. (*Initiate within 48*)
- Class 3:** A product that unlikely to cause any adverse health reaction, but that violates FDA labeling or manufacturing laws. (*Initiate not later than 5WD*)

Action(s) Taken

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

This documented information is a property of Food and Drugs Authority. Disclosure of the contents to any third party without written consent of the Authority is forbidden.

Intelligence Officer..... Signature Date

Signature of Head of Dept: Date: