

	QUALITY SYSTEM	Mod. SR 3.0 ENG
	RECOMMENDATION – COMPLAINT FORM	<b>Edition:</b> 3 <b>Revision:</b> 0 <b>Pagies:</b> 1 di 1 <b>Date:</b> February 2018

<b>Source</b>		<b>Date:</b>
<b>Name - Surname</b>		<b>Type:</b> <input type="checkbox"/> Recommendation <input type="checkbox"/> Complaint
<b>Company</b>		
<b>Address</b>		
<b>E-mail – Phone</b>		
<b>Stakeholder category</b> <input type="checkbox"/> Customer <input type="checkbox"/> Provider <input type="checkbox"/> Association <input type="checkbox"/> Institution <input type="checkbox"/> Accrediting Body <input type="checkbox"/> Other		
<b>Recommendation/Compliant description</b>      		
<b>Tracking (date, person, signature)</b>		<b>First response date:</b>
<b>Recommendation/Compliant processing (actions and dates)</b>     		
<b>RGQ Signature</b>		
<b>Recommendation/Compliant closure</b>    		
<b>Closure date</b>	<b>RGQ Signature</b>	
<b>Registered with ID ... of Recommendations and complaints Register</b>		