|  |  |  |
| --- | --- | --- |
| 1.0 | LOGGING IN OF THE COMPLAINT *(To be completed by client/customer/stakeholder/interested party/anybody)* | |
| 1.1 | **Name of complainant** | 1.2 **Designation / Occupation** |
| 1.3 | **Name of institution:** | |
| 1.4 | **Location address:** | |
| 1.5 | **Tel. No.: Email address:** | |
| 1.6  1.7  1.8  1.9  1.10  1.11 | Type of Complaint: *(Check whichever is applicable by double clicking on the box)*  **Drug Product Complaint  Complaint about NDA  Other**  *(Please Specify)*  Nature of product complaint *(Check whichever is applicable)*  Quality  Suspected Counterfeit  Efficacy  Expired  Labelling  Packaging  Other  *(Please Specify)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Product Category (Check whichever is applicable)  Drug  Herbal Medicine  Sundries  Medical Device  Other  *(Please Specify)*  Product Details *(Please fill whichever applies)*   |  |  |  | | --- | --- | --- | | Name of Product: | | Batch/Lot No: | | Manufacturing Date: | Expiry date: | Dosage Form: | | Name of manufacturer:  Address: | | |   Name & Address where product was obtained or bought  Description of the complaint   1. *Provide as much information as possible about the complaint and attach any available relevant information.* 2. *Continue to the back of this page if you need more space.* 3. *If complaint is about a product, provide a* ***sample*** *of the product or send a* ***photograph*** *on the WhatsApp number shown above.* | |
| 1.12 | Complaint Delivered to NDA Offices via *(Check whichever is applicable)*  Hand  Email  Telephone  WhatsApp NDA Staff  Feedback box | |
| 1.13 | **Have you logged a complaint about this issue before**: YES  NO | |
| 1.14 | **If YES, when**? | |

*Note: This form is also available online at:* [*https://www.nda.or.ug/?ddownload=5172*](https://www.nda.or.ug/?ddownload=5172)