|  |  |
| --- | --- |
| 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:**  |
| 1.61.71.81.91.101.11 | 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 boughtDescription of the complaint1. *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)