

SECRETARY :  
DEPARTMENT OF HEALTH  
KWAZULU-NATAL  
Private Bag X9051  
PIETERMARITZBURG  
3200

Ref : 6/7/5/1

Date : \_\_\_\_\_

Hospital : \_\_\_\_\_

**COMPLAINT REGARDING A VISIBLE FAULT IN RESPECT OF A PHARMACEUTICAL PRODUCT**  
(To be completed in triplicate)

Product Description and Pack \_\_\_\_\_

Catalogue Number : \_\_\_\_\_ Manufacturer \_\_\_\_\_

Batch Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Department/Ward of origin \_\_\_\_\_

Number of Containers Affected \_\_\_\_\_

Stock on Hand of Affected Batch : \_\_\_\_\_

NATURE OF COMPLAINT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is a sample provided : Yes/No  
If yes, submit with duplicate of this report to The Manager, Provincial Medical Supply Centre

Signature and Designation of Reporting Officer \_\_\_\_\_

Additional Remarks : \_\_\_\_\_

\_\_\_\_\_

Signature of Pharmacist in Charge \_\_\_\_\_

Signature of Medical Superintendent \_\_\_\_\_

The Manager  
Provincial Medical Supply Centre

Date

\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY : DEPARTMENT OF HEALTH  
KWAZULU - NATAL