

**NATIONAL REFERRAL LABORATORY
NATIONAL RESEARCH CENTRE FOR GRAPES, PUNE**

NRL/QSF-PT/5.8.01

CUSTOMERS COMPLAINT/APPEAL REPORT

Name of Laboratory Representative and Designation	
Proficiency Test no.	
Laboratory name and address	
Complaint/ Appeal	
Name and Signature of the laboratory representative	
Corrective action whenever necessary (to be filled by the PT provider)	

Date:

(PT Coordinator)

**For any complaint/appeal, please complete this form and email a scanned copy to apedanrlpt@gmail.com*